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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. VONN BELL, LLC

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JUN 2 1 2019

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ity Company, "L.L.C.," or "Lt.C.")
of the Limited Liability Company is:
Mailing Address:
_8141 S.W. 180th Street
Palmetto Bay, FL 33157
gistered Agent's Signature: tered Agent. You must designate an individual or are:

Name 8141 S.W. 180th Street Florida street address (P.O. Box NOT acceptable) Palmetto Bay 33157

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 1.8.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Yaine and Address:	
AMER	Vonn Bell 8141 S.W. 180th Street Palmetto Bay, FL 33157	
Olan area dans a se		
(Use attachment if necessary)		
i so effective date is jisted, the date must be spec se date of filing.)	if filing:	
RTICLE VI: Other provisions, if any,	State's records.	
REQUIRED SIGNATURE:		
Signature of a men This document is execute I am aware that any false i	ober or an authorized representative of a member, d in accordance with section 605,0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in \$,817,155, F.S.	
	Vonn Bell Typed or printed name of signed	
	Filing Fees:	

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
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