2/17/2020

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## FLORIDA LIMITED LIABILITY CO. PRESTIGE INVESTORS USA, LLC

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Electronic Filing Menu Corporate Filing Menu

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page 2

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2/18/2020 9:48:15 AM PAGE 1/001 Fax Server



February 1B, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

FASKIT CORP

SUBJECT: PRESTIGE INVESTORS, LLC

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Carlos E Rico Regulatory Specialist II New Filing Section FAX Aud. #: B20000053562 Letter Number: 020A00003552

	NVESTORS USA. LLC		
(Mi	ust constin the words "Limited Lisbi	lity Company, "L.L.C.," or "LLC.")	
RTICLE II - Address	•		
		of the Limited Liability Company is:	
<u> </u>	Principal Office Address:	Mailing Address:	
285 NW 199	ST	285 NW 199 ST	
SUITE 202		SUITE 202	
30118 202			
MIAMI GAR  RTICLE III - Register  The Limited Liability Contain business entity w	with an active Florida registration.)	stered Agent. You must designate an individual (	or
MIAMI GAR  RTICLE III - Register  The Limited Liability Contother business entity w	red Agent, Registered Office, & Resimpany cannot serve as its own Registration.)  I street address of the registered agen	gistered Agent's Signature: stered Agent. You must designate an individual ( t are:	or
MIAMI GAR RTICLE III - Register The Limited Liability Con nother business entity w	red Agent, Registered Office, & Ro company cannot serve as its own Regi dth an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual ( t are:	or
MIAMI GAR  RTICLE III - Register  The Limited Liability Conother business entity w	red Agent, Registered Office, & Resimpany cannot serve as its own Registration.)  I street address of the registered agentification.  IGE KELLY OSAIGBOV	gistered Agent's Signature: stered Agent. You must designate an individual of t are;	or
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MIAMI GAR  RTICLE III - Register  The Limited Liability Conother business entity w	red Agent, Registered Office, & Resimpany cannot serve as its own Registration.)  I street address of the registered agentification.  IGE KELLY OSAIGBOV No.  285 NW 199 ST, SUITE 2	gistered Agent's Signature: stered Agent. You must designate an individual of t are:	or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

AMBR" = Authorized Member MGR" = Manager	Name and Address:
MGR	IGE KELLY OSAIGBOVO
	285 NW 199 ST., SUITE 202
	MIAMI GARDENS, FL 33169
(Use attachment if necessary)  EV: Effective date, if other than the date is listed, the date must of filing.)	ne date of filing: 2/17/2020 (OPTIONAL) the specific and cannot be more than five business days prior to or 90
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