Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Fax: 12159779386

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
cmali	AUULESS:			

## FLORIDA LIMITED LIABILITY CO. UNVACANT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

(Must contain the words "Limited Liability Company, "L L C," or "LLC")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is

Principal Office Address:	Mailing Address:
3900 North Hills Drive, Apt. 208	3900 North Hills Drive, Apt. 208
Hollywood, FL 33021	Hollywood, FL 33021

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are

Aryeh Leib Cohen		
	Name	
3900 North Hills Dr	ive, Apt 208	
Florida street addre	ss (PO Box <u>NOT</u> ac	eceptable)
Hollywood	FL.	33021
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. I hereby 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. F.S.

Registered Agent's Stemans (REQUIRED)

(CONTINUED)

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<mark>`itle:</mark> AMBR" Authoi MGR" = Manage:		Name and Address:
AMBR		Arveh Leib Cohen 3900 North Hills Drive. Apt. 208 Hollywood Fl. 33021
AMB <u>R</u>	_ <del></del>	Mendy Goldman 3900 North Hills Drive. Apt 208 Hollywood. FL 33021
	<del></del>	
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V: Effective date tive date is listed filing.) he date inserted in ent's effective date. VI: Other provision	if other than the date of the date must be spe this block does not me on the Department of ons, if any	eific and cannot be more than five business days prior to or 90 seet the applicable statutory filing requirements, this date will not
V: Effective date tive date is listed filing.) ne date inserted in ent's effective date. VI: Other provision EOUIRED SIGI	the date must be speed this block does not me on the Department of the date.  Signature of a means document is execution aware that any false	eific and cannot be more than five business days prior to or 90 seet the applicable statutory filing requirements, this date will not

\$ 5.00 Certificate of Status (Optional)