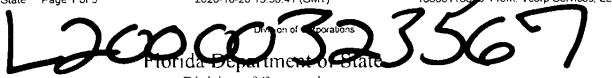
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1888611882 From: Vcorp Services, LLC

10/20/2020



Division of Corporations Electronic Filing Cover Sheet

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:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067

Phone : (845)425-0077

Fax Number : (845)818-3588

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

Email Address:

## FLORIDA LIMITED LIABILITY CO.

## Regal Cypress LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

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## ARIK LISCHORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

name of the Limited Liability Company is:	
Regal Cypress LLC	
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
TACLE II - Address: mailing address and street address of the principal office  Principal Office Address:	e of the Limited Liability Company is:  Mailing Address:
mailing address and street address of the principal office	

T) another business entity with an active Florida registration.)

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

Veorp Services, LLC		
	Nane	
5011 South State Ro	ad 7. Suite 106	
Florida street addres	is (P.O. Box <u>NOT</u> ac	ceptable)
Davie	FL	33314
Cly	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 Signature (REQUIRED)

(CONTINUED)

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Page 2 of 2