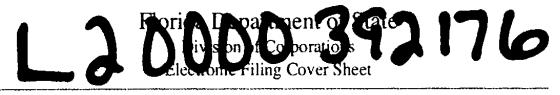
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 7 1.

Email Address: rebeca.linz@dentons.com

FLORIDA LIMITED LIABILITY CO. Lot 1- 9425 SE HWY 42 LLC

Certificate of Status	0
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Page Count	03
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Help

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•ARTICLES OF ORGANIZATION FOR FLORIDATE	IMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Lamited Liability Company is:	
Lot 1- 9425 SE HWY 42 LLC (Must conatin the words "Limited Liability Co	mpany "I I C "or "I C ")
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
21 Cornell Peak	21 Comell Peak
Pomona NY 10970	Pomona NY 10970
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:	
Dentons Cohen & Grigsby P.C.	
Name	
Mercato-Suite 6200, 9110 Strad	a Place
Florida street address (P.O. Box	NOT acceptable)

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..

Dentons Cohen & Grigsby P.C.

Naples

City

FL

State

34108

Zip

Registered Agent Signature (REQUIRED)

(CONTINUED)

22.00年21年3月21日

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
•	thorized Member	
"MGR" = Mana	=	
AMBR	Regard Recovery LLC	_
	ar Connen i cax	
	Pomona NY 10970	
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