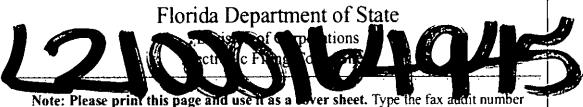
Division of Corporations



(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 : HUBCO

Account Number: 104662003400

Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: HOYERNH@HOTMAIL.COM

FLORIDA LIMITED LIABILITY CO.
HOYER FAMILY RENTALS LLC

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HOYER FAMILY	
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	office of the Limited Liability Company is:
Principal Office Address: Ma	alling Address:
3175 NW 114TH LN CORAL SPRINGS, FL 33065	3175 NW 114TH LN CORAL SPRINGS, FL 33065
another business entity with an active Florida registra	wn Registered Agent. You must designate an individual or ation.)
The name and the Florida street address of the register	red agent are:
NGOC HOYER	
	me
3175 NW 114TH LN Florida street address (P.O. E	Roy NOT accentable)
CORAL SPRINGS City	FL 33065
	t service of process for the above stated limited liability company cept the appointment as registered agent and agree to act in this

H21000152900

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	NGOC HOYER
	3175 NW 114TH LN
	CORAL SPRINGS, FL 33065
AMBR	DWAYNE HOYER
7,44107,	1637 CASS LAKE RD, B
	KEEGO HARBOR, MI 48320
(Use attachment if necessary)	
TICLE V: Effective date, if other than th	ne date of filing:
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.)	ne date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.)	te date of filing:
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.)	te date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 de
TICLE V: Effective date, if other than the	te date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURES.	a member or in authorized representative of a member.
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of the accordance with secondary.	f a member of an authorized representative of a member.
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURES: Signature of the effective date, if other must date of filing.)	f a member of an authorized representative of a member, ection 605.0203 (1) (b), Florida Striutel, the execution of this document ation under the penalties of perjury that the fact stated herein are true, also information submitted in a document to the Department of State
FICLE V: Effective date, if other than the effective date is listed, the date must date of filing.) FICLE VI: Other provisions, if any. REQUIRED SIGNATURES: Signature of the effective date, if other must date of filing.)	f a member of an authorized representative of a member. ection 605.0203 (1) (b), Florida Striuted, the execution of this document atton under the penalties of perjury that the fact, stated herein are true.

Page 2 of 2

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