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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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF CONRAD WILLKOMM, P.A.

Account Number : I20200000174 : (239)262-5303 Fax Number : (239)262-6030

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

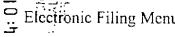
conrad@swfloridalaw.com Email Address:_

FLORIDA LIMITED LIABILITY CO.

657 93rd Ave N, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00







Tallahassee, FL 32314

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	COVERDETTER	
TO:	Registration Section	***
	Division of Corporations	
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	Name of Limited Liability Co	этряпу
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Picase r	return all correspondence concerning this matter to the follow	ving:
	A second to the second second second second	
	Conrad Willkomm Esq.	
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•	City/State and Zip	Códe
	conrad@swfloridalaw.com	
	E-mail address: (to be used for future annual	report notification)
For furthe	her information concerning this matter, please call:	
	Conrad Willkomm 239 262	2-5303
	at ()	<u></u>
	Name of Person Area Code Da	ytime Telephone Number
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Enclosed	ed is a check for the following amount:	
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2661 Executive Center Circle Tallahassee, FL 32301

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

Name

3201 Tamiami Trail N, 2nd Floor
Florida street address (P.O. Box NOT acceptable)

Naples Florida 34103

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 pagisticed agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV. The name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "MGR" = Manager MGR Mark E. Evenson 65793rd Ave N. Unit 1 Naples, FL 34108 ARTICLE V: Effective date, if other than the date of filing: (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and canuot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. This is a manager managed company. Any manager may take any action on behalf of the company without consent of the members. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605 2020 (1) (b). Florida Statutes, I am aware that any false information submitted in al occurrent to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Mark E. Evenson Typed or printed name of signee	.			
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			or printed name of signee	

To: 8506176381@rcfax.com Fax: (850) 617-6381

Page: 4 of 4

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Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certifled Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

From: Conrad Willkomm

Fax: 12392626030

Page 2 of 2 ...