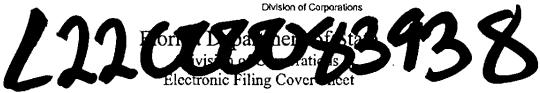
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From:

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FLORIDA LIMITED LIABILITY CO. **4314 FILLMORE LLC**

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Help

ARTICLE I - Name: The name of the Limite	d Liability Company is:					
4314 Fillmore LI	.C					
	fust end with the words "L	imited Liability Con	peny, "L.L.C.,"	or "LLC.")		
ARTICLE If - Addres The mailing address and	s: d street address of the princ	cipal office of the Li	mited Liability (Company is:	TALL	2022
Principal Office Address:		Mailing Address:			全部	£8
4314 Fillmare Steet Hallywood Florida 33021		19 Spear Rd Suite 102 Ramsey NJ 07446			ASSE	28
					1776	A
(The Limited Liability (another business entity	ered Agent, Registered O Lompany cannot serve as it with an active Florida regi- la street address of the regi	s own Registered Ag stration.)	Agent's Signa gent. You must o	ture: designate an indivi	idual or	2: 49
	Shlomie Hoffman	Ū				
		Name		•		
	4314 Fillmore Stre	et :				
•	Florida street address (P.C	O. Hox <u>NOT</u> accepts	able)	-		
	Hollywood	FL	33021			
	Cíty		Zip			
the place designated capacity. I further ag	registered agent and to acc l in this certificate, I hereby ree to comply with the provi m familiar with and accept	accept the appointmisions of all statutes t	ent as registered relating to the pr	l agent and agree to coper and complete	to act in this eperformanc	
	/s/ Shlom	ie Hoffman				
	Registered Agent's	Signature (REQUIF	RED)	····		
	(CON	TINUED)				

Page 1 of 2

Page: 4 of 4

Title: "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager	C11 / 77 CC				
MGR/AMBR	Shlomie Hoffman				
	19 Spear Rd Suite 102				
	Ramsey NI 07446	2022 (A.C.)			
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(Use attachment if necessary)					
ARTICLE V: Effective date, if other than the date If an effective date is listed, the date must be sp he date of filling.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90	days after			
3,					
RTICLE VI: Other provisions, if any.					
					
REQUIRED SIGNATURE:					
	tat Chilannia Maffman				
	/s/ Shlomie Hoffman				
Signature of a m	tember or an authorized representative of a member.				
Signature of a m (In accordance with section	tember or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document				
Signature of a m (In accordance with section constitutes an affirmation I am aware that any false i	nember or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State				
Signature of a m (In accordance with section constitutes an affirmation I am aware that any false i	nember or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.				
Signature of a m (In accordance with section constitutes an affirmation I am aware that any false i	nember or an authorized representative of a member. 1 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State				