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Division of Corporations

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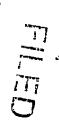
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO. APHTAB, L.L.C.

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RTICLE I - Name:	FORGANIZATION FOR	FIXIKIDA IZNITI ED	LIABILITY COMPANY	
e name of the Limited Liabili	ity Company is:			
APHTAB, L.L.C.				
(Must end	with the words "Limited	Liability Company	, "L.L.C.," or "LLC.")	
RTICLE II - Address: e mailing address and street a	address of the principal o	ffice of the Limited	Liability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Addre	<u>ss</u> :
11 King Phillip Rd	·	11 K	11 King Phillip Rd	
Sharon, MA 02067			on, MA 02067	
ne Limited Liability Companion business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. \n.)		ividual or
ne Limited Liability Companion business entity with an	y cannot serve as its own active Florida registration t address of the registered	Registered Agent. \n.) l agent are:		ividual or
he Limited Liability Compan other business entity with an	y cannot serve as its own active Florida registratio	Registered Agent. \n.) l agent are:		ividual or
he Limited Liability Compan other business entity with an	y cannot serve as its own active Florida registration t address of the registered	Registered Agent. \n.) l agent are: lutions, Inc.		ividual or
he Limited Liability Compan other business entity with an	y cannot serve as its own active Florida registration taddress of the registered Registered Agent So	Registered Agent. Yon.) I agent are: lutions, Inc. Name Suite A	Ou must designate an indi	ividual or
he Limited Liability Compan other business entity with an	y cannot serve as its own active Florida registration address of the registered Registered Agent Soil 155 Office Plaza Dr.	Registered Agent. Yon.) I agent are: lutions, Inc. Name Suite A	Ou must designate an indi	ividual or
RTICLE III - Registered Ag The Limited Liability Compan nother business entity with an the name and the Florida street	y cannot serve as its own active Florida registration address of the registered Registered Agent Soil 155 Office Plaza Dr. Florida street address	Registered Agent. Your.) I agent are: lutions, Inc. Name Suite A s (P.O. Box NOT ac	Cou must designate an indi	ividual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ARTICLE IV-

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

<u>Title:</u>		Name and Address:
"AMBR" = Authori		
"MGR" = Manager		
MGR		Nima Bahrehdar
		11 King Phillip Rd
		Sharon, MA 02067
AMDD		SOPHIE BENJAMIN LIMITED PARTNERSHIP
AMBR		
		11 King Phillip Rd
		Sharon, MA 02067
		
		
	e on the Departme	ot meet the applicable statutory filing requirements, this date will not ent of State's records.
	NATIOF:	- Flocusigned by:
REQUIRED SIGN	\ \	ima Balenclidar
REQUIRED SIGN	٨	-A5F2A97400234FC.
	Signature of a	member or an authorized representative of a member.
	Signature of a is document is exe	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Thi I an	Signature of a sis document is exemple aware that any fi	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State
Thi I an	Signature of a sis document is exemple aware that any fi	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes.
Thi I an	Signature of a is document is exem aware that any finititutes a third dep	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b). Florida Statutes, alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
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