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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

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

Email Address:_

FLORIDA LIMITED LIABILITY CO. Annpaq 1, LLC

Certificate of Status	0
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Estimated Charge	\$155.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZ	ZATION FOR FLORIDA LIMITED LIABILITY COMPANY
RTICLE I - Name: he name of the Limited Liability Compar	yls:
	Annpaq 1, LLC
(Must contain the wo	rds "Limited Liability Company, "L.L.C.," or "LLC.")
RTICLE II - Address: no mailing address and street address of t	he principal office of the Limited Liability Company is:
Principal Office	Address: Malling Address:
1402 SW 53rd Lane	1402 SW 53rd Lane
Cape Coral, FL 339	14 Cape Coral, FL 33914
	•
Capit	ol Corporate Services, Inc.
	Name
51 5 E	East Park Avenue 2nd Fl
	a 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.

Tallahassee FL 32301

City

Taylor Seay, Asst. Sec. on behalf of Capitol Corporate Services Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Monoger		
MGR	Annette Paquette	
MGK	50 Manchester Crescent	
	Sudbury, Ontario, Canada P3A 5H5	
····		
(Use attachment if necessary)		
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