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Florida Department of State

Division of Corporations
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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

Name and Address:

Sara A. Stisin
21205 NE 37 Ave, Unit 2508
Aventura, FL 33180

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL).
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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ARTICLE VI: Other provisions, if any

REQUIRED SIGNATURE:

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Sara Stisin
323-1573-2211

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Sara A. Stisin

Typed or printed name of signee

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