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To:

Division of Corporations

Fax Number : (850)617-6381

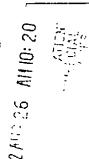
From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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. CARBONTRAC TECHNOLOGIES, LLC

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Help

ARTICLE I - Name: The name of the Limit	ed Liability Company is:	
Car	rbonTrac Technologi	es, LLC
- 0	Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre	rss:	
The mailing address ar	nd street address of the princ	pal office of the Limited Liability Company is:
Principal Office Addi	ress:	Malling Address:
50 Avenue De La	Mer	150 Avenue De La Mer
ARTICLE III - Regis	tered Agent, Registered Of Company cannot serve as its	Fealm::Coast, Fl. 32137 fice, & Registered Agent's Signature: own Registered Agent. You must designate an individual tration.)
ARTICLE III - Regis The Limited Liability another business entity	tered Agent, Registered Of	fice, & Registered Agent's Signature: own Registered Agent. You must designate an individual tration.)
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of my duties, and I am familiar with and accept the obligations of my position as registered agent as probided for in Chapter 605 F S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Use attachment if necessary) 2. V: Effective date, if other than the date of filing: (OPTIONAL) ctive date is listed, the date roust be specific and cannot be more than five business days prior to or 90 filing.) 2. VI: Other provisions, if any.	(Use attachment if necessary) E. V.: Effective date, if other than the date of filing: (OPTIONAL) ettive date is listed, the date must be specific and cannot be more than five husiness days prior to or 9 filing.) E. VI.: Other provisions, if any. REQUIRED SIGNATURE: (In accordance with section 605.0203 (1) (b), Florida Stantes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein are trigs.	Title: "AMBR" = Authorized Member	Name and Address:
Use attachment if necessary) E. V: Effective date, if other than the date of filing	(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	"MGR" = Manager	DICUADO CADIENZA ID
Use attachment if necessary) E. V: Effective date, if other than the date of filing: Cive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) E. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Stantes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are trid? I am aware that any false information submitted in a document to the Department of State:	(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:	rigk	RICHARD SAPIENZA, JR.
Use attachment if necessary) 2. V: Effective date, if other than the date of filing:	(Use attachment if necessary) E. V.: Effective date, if other than the date of filing:		
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	constitutes a third degree felony as provided for in s.817.155, F.S.)	E V: Effective date, if other than the date rective date is listed, the date must be a filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section constitutes an affurnation	nember or an authorized representative of a member. no 605,0203 (1) (b), Florida Statutes, the execution of this document; under the penalties of perjury that the facts stated herein are tind.

Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

Typed or printed name of signee

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