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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email	Address:	

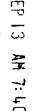
FLORIDA LIMITED LIABILITY CO.

WG Jennings Equities LLC

Certificate of Status	0
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Help



ARTICLE I - Name: The name of the Limited Lia	bility Company is:			
WG	Jennings Equities L	LC		
(Must o	contain the words "Limited	Liability Company,	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stre	et address of the principal o	office of the Limited	Liability Company is:	
<u>Prir</u>	cipal Office Address:		Mailing Address:	
			14 Steuben Ln	
14 Steuben I.n			14 Steuden Lit	
Jackson, NJ 08:	Agent, Registered Office,		Jackson, NJ 08527 t's Signature:	
Jackson NJ 08: ARTICLE III - Registered (The Limited Liability Companother business entity with	Agent, Registered Office, cany cannot serve as its own an active Florida registration	n Registered Agent, Yon.)	Jackson, NJ 08527	
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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.

Veorp Services, LLC

By: Wiriam Nachison

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page: 3 of 3

<u>Title:</u> "AMBR" = Ai	uthorized Member	Name and Address:	
"MGR" = Mar	nager		
MGR		Shraga Schorr	
		14_Steuben Ln Jackson, NJ 08527	
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