

9/22/22, 2:38 PM

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
12231 Skyler Ln LLC

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>AMBR</u>	<u>Michael Foley</u>
	<u>8 Fran Lane</u>
	<u>Selden, NY 11784</u>
<u>AMBR</u>	<u>Kyle Pena</u>
	<u>19 Riviera Drive</u>
	<u>Selden, NY 11784</u>

(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Michael Foley
 Signature of a member or an authorized representative of a member.
 (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Michael Foley
Typed or printed name of signee

REQ

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DEPARTMENT OF STATE

FILED