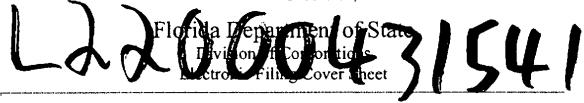
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Division of Corporations



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Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: MARGEWAUGH@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. AA ENTRUST LLC

Certificate of Status	1
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Estimated Charge	\$130.00

OCT -6 PM 1: 54

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Corporate Filing Menu

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H22000343805

ARTICLE I - Name: The name of the Limited Liability Company	is:	
AA	ENTRUST LLC	
(Must end with the wor	rds "Limited Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
3702 PEACEFUL VALLEY DRIVE CLERMONT, FL 34711	E 3702 PEACEFUL VAI CLERMONT, FL 347	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serv another business entity with an active Florid	e as its own Registered Agent. You must de	
The name and the Florida street address of the	he registered agent are:	
ANITA WHYTE		
	Name	
,	UL VALLEY DRIVE	
Florida street addre	ess (P.O. Box <u>NOT</u> acceptable)	
CLERMONT	FL 34711	
Cit	ty Zip	
the place designated in this certificate, I h capacity. I further agree to comply with the of my duties, and I am familiar with and a	to accept service of process for the above sto hereby accept the appointment as registered a e provisions of all statutes relating to the pro- cept the ortigations of my position as regist Chapter 025 F.S	agent and agree to act in this per and complete performance
	NITA WHYTE	
А		- -
A	(CONTINUED)	2022 OCT

H22000343805

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	ANITA WHYTE
MGR, AMBR	3702 PEACEFUL VALLEY DRIVE
	CLERMONT, FL 34711
AMBR	ANDREW MCLEAN
	3702 PEACEFUL VALLEY DRIVE
	CLERMONT, FL 34711
(Use attachment if necessary)	
E VI: Other provisions, if any.	
E VI: Other provisions, if any.	
REQUIRED SIGNATURE:	(1.19. In
PEOURED SIGNATURE:	write
REQUIRED SIGNATURE: Signature of a region (In accordance with section constitutes an affirmation I am aware that any false	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document a under the penalties of perjury that the facts stated herein are true, information submitted in a document to the Department of State a felony as provided for in s.817.155, F.S.)
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