Fax

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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: CAMMEUNIERMEDIA@GMAIL.COM

## FLORIDA LIMITED LIABILITY CO.

## Trade Replay LLC

C : C CC:	
Certificate of Status	<u> </u>
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Corporate Filing Menu

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	<del></del>	Replay LLC
	(Must end with the words	"Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addr		
The mailing address a	and street address of the pi	rincipal office of the Limited Liability Company is:
Principal Office Add	<u>iress:</u>	Mailing Address:
286 Northwest 2	29th Street #724	286 Northwest 29th Street #724
Miami, FL 33127	7	Miami, FL 33127
		d Office, & Registered Agent's Signature:
(The Limited Liability		is its own Registered Agent. You must designate an ind
(The Limited Liability another business enti	y Company cannot serve a ty with an active Florida r	is its own Registered Agent. You must designate an indigestration.)
(The Limited Liability another business enti	y Company cannot serve a	is its own Registered Agent. You must designate an ind registration.)
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(The Limited Liability another business enti	y Company cannot serve a ty with an active Florida r orida street address of the r	is its own Registered Agent. You must designate an ind registration.) registered agent are:
(The Limited Liability another business enti	y Company cannot serve a ty with an active Florida r orida street address of the r	is its own Registered Agent. You must designate an ind registration.) registered agent are:  Name
(The Limited Liability another business enti	y Company cannot serve a ty with an active Florida r orida street address of the r Cameron Meunier 286 Northwest 29	is its own Registered Agent. You must designate an indiregistration.) registered agent are:  Name
(The Limited Liability another business enti	y Company cannot serve a ty with an active Florida r orida street address of the r Cameron Meunier 286 Northwest 29	is its own Registered Agent. You must designate an ind registration.)  registered agent are:  Name  Oth Street #724

the 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..

> Cameron Mennier Registered Agent's Signature (REQUIRED)

> > Cameron Meunier (CONTINUED)

> > > Page 1 of 2

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Title:		Name and Address:
'AMBR" = . 'MGR" = M	Authorized Member	
AME	BR B	Cameron Meunier
		286 Northwest 29th Street #724
		Miami, FL 33127
	·····	
		<del></del>
Use attachn	nent if necessary)	
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f filing.)	provisions, if any.	e specific and cannot be more than five business days prior to or 90
f filing.)	provisions, if any.	e specific and cannot be more than five business days prior to or 90
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