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Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6381

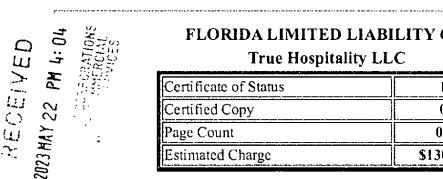
From:

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: BJGALLAGHER1@GMAIL.COM



FLORIDA LIMITED LIABILITY CO.

True Hospitality LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Electronic Filing Menu Corporate Filing Menu

Help

H23000188359

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	True Hospitality LLC
(Must end with	the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4450 Pet Lane	4450 Pet Lane
Lutz, FL 33559	Lutz, FL 33559
202,12 00000	Luz, r L 33339
<u> </u>	<u></u>
ARTICLE III - Registered Agent,	Registered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, if	Registered Office, & Registered Agent's Signature: not serve as its own Registered Agent. You must designate an
ARTICLE III - Registered Agent, if (The Limited Liability Company can another business entity with an active	Registered Office, & Registered Agent's Signature: not serve as its own Registered Agent. You must designate an e Florida registration.)
ARTICLE III - Registered Agent, if	Registered Office, & Registered Agent's Signature: not serve as its own Registered Agent. You must designate an e Florida registration.)
ARTICLE III - Registered Agent, if (The Limited Liability Company can another business entity with an active	Registered Office, & Registered Agent's Signature: not serve as its own Registered Agent. You must designate an e Florida registration.)
ARTICLE III - Registered Agent, if (The Limited Liability Company can another business entity with an active The name and the Florida street address	Registered Office, & Registered Agent's Signature: not serve as its own Registered Agent. You must designate an e Florida registration.)
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ARTICLE III - Registered Agent, if (The Limited Liability Company can another business entity with an active The name and the Florida street address Bryan Galasson San Galass	Registered Office, & Registered Agent's Signature: not serve as its own Registered Agent. You must designate an e Florida registration.) ess of the registered agent are: lagher Name
ARTICLE III - Registered Agent, if (The Limited Liability Company can another business entity with an active The name and the Florida street address Bryan Galasson Bryan B	Registered Office, & Registered Agent's Signature: not serve as its own Registered Agent. You must designate an e Florida registration.) ess of the registered agent are: lagher

any at 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..

Bryau Gallagher

Registered Agent's Signature (REQUIRED) Bryan Gallagher

(CONTINUED)

Page 1 of 2

H23000188359

<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:
"MGR" = Manager		Payan Callaghar
MGR		Bryan Gallagher
		8505 Kings Rail Way Tampa, FL 33647
		Tampa, 1 L 33041
		
	•	
ective date is listed, the of fillng.)	ther than the date of filindate must be specific:	ng: (OPTIONAL) and cannot be more than five business days prior to or 9
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Page 2 of 2

SECRETARY OF STATE

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