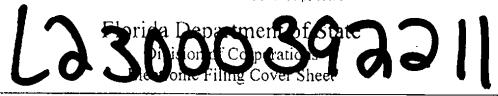
6/21/23, 9:07 AM



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)906-9220 Fax Number : (800)906-9880

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

Email	Address:		
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FLORIDA LIMITED LIABILITY CO.

Curtis Oliver Caja LLC

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

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Help

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ARTICLESOFOI	SCANDATION FOICEOUR	IDA FIMITED FIVBILITA COMBANA
ARTICLE I - Name: The name of the Limited Liability C	Company is:	•
	ompany is.	
Curtis Oliver Caja LLC		
(Must contain	the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
	ess of the principal office of	of the Limited Liability Company is:
	p	of the Billinea Blabinty Company is:
Principal (Office Address:	Mailing Address:
16500 Golf Club Rd		16500 Golf Club Rd
Weston, FL 33326		Weston, FL 33326
ARTICLE III - Registered Agent, (The Limited Liability Company car another business entity with an active The name and the Florida street add	mot serve as its own Regis ve Florida registration.)	stored Agent. You must designate an individual or
	Curtis Oliver Caja	
-	Nan	ne
1	6500 Golf Club Rd	
	Florida street address (P.O	. Box NOT acceptable)

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

State

Weston

City

/s/ Curtis Oliver Caja Registered Agent's Signature (REQUIRED)

(CONTINUED)

. . . .

	' = Authorized Member = Manager	Name and Address:
<u>АМВ</u>	<u> </u>	Curtis Oliver Caia 16500 Golf Club Rd Weston, FL 33326
	<u></u>	
-		
(Use atta	chment if necessary)	
I an effective dat	e is listed, the date must be inserted in this block does no	ate of filing:
Sote: If the date	fective date on the Departme	ent of State's records.
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Note: If the date he document's of RTICLE VI; Oth	Signature of a This document is exect am aware that any fa	

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