Division of Corporations Electronic Filing Cover Sheet

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(((H230003414043)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : PRIME CORPORATE FILING SERVICES LLC

Account Number : I20230000092 : (786)356-1156 Phone

Fax Number : (305)564-6768

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

Email Address: INFO@PRIMETILING.COM

FLORIDA LIMITED LIABILITY CO. CITYCONTENTS LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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CITYCONTENTS LLC	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
CTICLE II - Address:	
e mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3824 SW 16th Terrace	3824 SW 16th Terrace
Miramar, FL 33027	Miramar, FL 33027

PRIME CORPORATE FILING SERVICES LLC

Name

1818 SW IST AVE SUITE 2015

Florida street address (P.O. Box NOT acceptable)

MIAMI City State

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. 1 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.

rgent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

IIIP:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Gabriela Arredondo
	3824 SW 168th Terrace
	Miramar, FL 33027
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)
(If an effective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
Note: If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department	of State's records.
•	
ARTICLE VI: Other provisions, if any.	
	s /
REQUIRED SIGNATURE:	(1)
	And .
Signature of a m	ember or an authorized representative of a member.
This document is execu	ated in accordance with section 605.0203 (1) (b), Florida Statutes.
l ain aware that any fals	e information submitted in a document to the Department of State
constitutes a third degre	ee felony as provided for in s.817.155, F.S.
_	
<u>Gabriela ar</u>	REDONDO
	Typed or printed name of signee

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