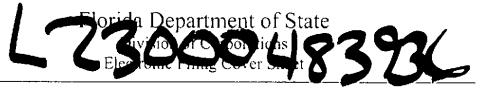
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Division of Corporations

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From:

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Account Number : I20000000088 Phone : (800)221-0102 Fax Number : (800)944-6607

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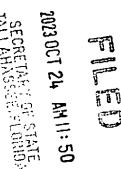
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Please ret	um all correspo	ondence concerni	ng this ma	tter to the I	ollowing:	
	Michael S. M	(elrī				
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ARTICLE IV-

The name	and address of	if each nerson	authorized to	manage and cont	rol the Lit	mited Liability	Company
I IIC HAILIC	mid addition of	n cach person	attition is cu to	manage and com	IVE THE	HILL I LANGUILLY	valinanis.

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Kristonher Goddard
<u> </u>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of	filing: (OPTIONAL)
(If an effective date is listed, the date must be speci the date of filing.)	fic and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does not me the document's effective date on the Department of	et the applicable statutory filing requirements, this date will not be listed as State's records.
ARTICLE VI: Other provisions, if any.	
The company is member managed.	
REQUIRED SIGNATURE:	opher Goddard
This document is executed	ber or an authorized representative of a member. I in accordance with section 605,0203 (1) (b), Florida Statutes, aformation submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.

Kristopher Goddard

Typed or printed name of signee

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