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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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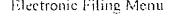
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FLORIDA LIMITED LIABILITY CO. OZMOSESSS LLC

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Help



RTICLE 1 - Name; to name of the Limited Liability Company is:	
OZMOSE	
(Must contain the words "Limited Liability	Company, "L.L.C" or "LLC.")
RTICLE II - Address: he smiling address and street address of the principal office of t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2930 SW 23RD TER APT 3009	2930 SW 23RD TER APT 3009
	0.41.156.01.15.51.50.000
RTICLE III - Registered Agent, Registered Office, & Regis	GAINESVILLE FL 32608 stered Agent's Signature:
ARTICLE III - Registered Agent, Registered Office, & Regis The Limited Liability Company cannot serve as its own Register mother business entity with an active Florida registration.)	stered Agent's Signature: red Agent. You must designate an individual or
ARTICLE III - Registered Agent, Registered Office, & Regis The Limited Liability Company cannot serve as its own Register mother business entity with an active Florida registration.) The name and the Florida street address of the registered agent at	stered Agent's Signature: red Agent. You must designate an individual or
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place designated in this certificate, t 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 fundhar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR PERES, JONATHAN G 2930 SW 23RD TER APT 3009 GAINESVILLE FL 32608 [Use attachment if necessary] TICLE V: Effective date, if other than the date of filing: Interfective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day date of filing.] [Eg. If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be document's effective date on the Department of State's records. TICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in x817.135, F.S.	The name and address of each person authorized to manage and control the Limited Liability Company:		
(Use attachment if necessary) (Use attachment if necessary) FICLE V: Effective date, if other than the date of filing: In effective date is tisted, the date must be specific and cannot be more than five business days prior to or 90 day date of filing.) Eg: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. FICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Fiorida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	"AMBR" = Authorized Member	Name and Address:	
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