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AULA FINANCE, INC							,-	01-10-200	_		
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cipal Place c	of Business		Mailing Address								
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			172 10 10		<del></del>	_					
rincipal Place of Business 1400 Radiae C		3. Mailing Address			1			IN <b>OLBIA DID</b> A			
uite, Apt. #, etc.		Suite, Apt. #, etc.				τ	O NOT WRIT	E IN THIS S	SPACE		
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ávolev	Cou	33319 ntry	Zip	Counti	ry	+-		Desired		\$8.75 <i>A</i>	Not Applicable
<u> </u>	<u> </u>					*****	ertificate of Stat			Fee Requ	ired_
	6. Name and A	ddress of Current	Registered Agent		Name	7. N	ame and Addre	SS OT NEW H	egistereu <i>i</i>	gent	
	AN, SAMUEL	,			Street Addres	s (P.O. Bo	ox Number is No	ot Acceptable	·)		
	RADICE CT, APT										
LAUDERHILL FL 33319		•									
					City	-				T Zin C	ode
ATURE	amed entity subm	its this statement for a state	FILE I	(NOTE: Registered	Agent signature requ	ired when rei	nstaling)		DATE	Zip C	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_

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