| OCCIVIENT # 2770C | 0005999 | | AND FILED |
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| Entity Name | | <u>s</u> | 00 JUN 27 PM 2: 19 |
| EXACT STAFF | L. L. C. | | SECRETARY OF STATE |
| ncipal Place of Business | Mailing Address | | 1/ LLAHASSEE, FLORIDA |
| 2007 Willow | LAUREN LANE | . | And the second second |
| Windermand, P | =1. 311761 | | 4000033157740 |
| | | | 07/07/0001013012 |
| Principal Place of Business | 3. Mailing Address | | ************************************* |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 7=11 | DO NOT WRITE IN THIS SPACE |
| City & State | City & State | | 4. FEI Number Applied For S9 - 3602978 Not Applied be |
| Zip Country | Zip | Country | \$5.00 Additional |
| C Name and Address of C | Current Registered Agent | <u> </u> | Certificate of Status Desired Fee Required Name and Address of New Registered Agent |
| 6. Name and Address of C | | Name | Irania and Addisso of Least Indistrict a Maris |
| MARK E. THOM 2007 WILLOW L | and and the | Street A | ddress (P.O. Box Number is Not Acceptable) |
| | | | |
| Windermore, 1 | -2 34786 | City | Zip Code |
| | | en remistered office of | registered agent, or both, in the State of Florida. |
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| Signature, typed or printed name of registe | . FILE N Make Check P | IOWIII FEE IS (ayable to Depart | 50.00 ment of State |
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