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| (Requestor's Name)                      |
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| (Address)                               |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| linary/16                               |
| (Business Entity Name)                  |
| 6018-76252                              |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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#### COVER LETTER

|                             | gistration Section vision of Corporations                                    | s   |                                    |   |   |           |
|-----------------------------|--|---|------------------------------------|---|---|-----------|
| SUBJECT:                    | LinaEx LLc   |   |                                    |   |   |           |
| SCECE .                     |  | Name of L   | imited Liability C                 | ompany  |   |           |
| The enclose<br>Existence, a | ed "Application by Fore<br>and check are submitted                           | eign Limited Liability Compa<br>I to register the above referer | any for Authorizat                 | tion to Traned liability                            | sact Business in Florida," Certificate company to transact business in Flori  | of<br>da. |
| Please retur                | n all correspondence c   | oncerning this matter to the f                                  | ollowing:                          |   |   |           |
|                             | Gavriel Meidar   |   |                                    |   |   |           |
|                             |  | Na  | me of Person                       |   |   |           |
|                             | LinaEx LLc   |   |                                    |   |   |           |
|                             |  | Fir   | m/Company                          |   |   |           |
|                             | 3901 Sw 47th A   | Ave, Suite 400  |                                    |   |   |           |
|                             |  |   | Address                            | _   |   |           |
|                             | Davie ,FL 3331   | 4   |                                    |   |   |           |
|                             |  | City/St   | ate and Zip Code                   |   |   |           |
|                             | info@LinaEx.com  |   |                                    |   |   |           |
|                             |  | E-mail address: (to be used                                     | for future annual                  | report noti   | fication)   |           |
| For further                 | information concerning   | g this matter, please call:                                     |                                    |   |   |           |
| C                           | iavriel Meidar   |   | 954<br>at (                        | 800-477   |   |           |
|                             | Name o   | f Contact Person  | Area Code                          | Dayı  | time Telephone Number   |           |
| D<br>R<br>P                 | ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314 |   |                                    | Division of<br>Registrati<br>Clifton Bo<br>2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 |           |
|                             | s a check for the follow<br>I \$125.00 Filing Fee                            | ring amount: ☐ \$130.00 Filing Fee & Certificate of Status      | □ \$155.00 Filin<br>Certified Copy | ng Fee &  | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy                 |           |



August 23, 2018

GAVRIEL MEIDAR LINAEX LLC 3901 SW 47TH AVENUE, SUITE 400 DAVIE, FL 33314

SUBJECT: LINAEX LLC

Ref. Number: W18000076252

We have received your document for LINAEX LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Per my conversation with your secretary on Ausgust 23, 2018. Once you obtain the good standing certificate it will be fax to my attention.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux Regulatory Specialist II Supervisor

Letter Number: 118A00017462



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2018

LINAEX LLC OPERATING 3901 SW 47TH AVE, STE 400 DAVIE, FL 33314

We have received your document for and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

No document was enclosed. We are returning your check no. 1001 of \$125.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 618A00015578

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Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Nursidiction under the law of which foreign limited liability company is organized)  (Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty liability)  3901 Sw 47th Ave, Suite 400 ,Davie,FL,33314  (Street Address of Principal Office)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Office Address:  Office Address | 2017  (Date first transacted basiness in Florida, if prior to registration.) (See sections 605.0904 & 693.0905, F.S. to determine penalty liability) (See sections 605.0904 & 693.0905, F.S. to determine penalty liability) (See sections 605.0904 & 693.0905, F.S. to determine penalty liability) (Street Address of Principal Office)  (Mailing Address)  | name unavailable, enter alternate n   | ame adopted for the purpose of transacting business in   | Florida. The a                               | lternate name must include "Limited Li  | ability Company," "L.L.C," or "LLC."                                    |
|--|--|---|--|--|---|---|
| O7/2017  (Date first transacted business in Florida, if prior to registration.) (See sections 603.0904 & 603.0905, F.S. to determine penalty liability)  3901 Sw 47th Ave, Suite 400 ,Davie,FL,33314  (Street Address of Principal Office)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  Gavriel Meidar  Office Address:  3901 Sw 47th Ave, Suite 400 ,  Davie,FL,  (City)  Davie,FL,  (City)  (Zip code)  egistered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I fully comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family  | (City)    Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida, if prior to registration.)   Control of the first transacted business in Florida first prior to registration.   | Delaware ,U.S.A.  |  | 3.   | 82-2231679  |   |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 603.0903, F.S. to determine penalty liability)  3901 Sw 47th Ave, Suite 400, Davie, FL, 33314  (Street Address of Principal Office)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Gavriel Meidar  Office Address:  Davie, FL,  (City)  (City) | (Due that bransacted business in Florida, if price to registerion.) (See sections 605,0904 & 600 5905, F.S. to determine penalty liability) (Same 17th Ave, Suite 400, Davie, F.L., 33314) (Street Address of Principal Office)  Name:  Gavriel Meidar  Office Address:  3901 Sw 47th Ave, Suite 400,  Davie, F.L.,  (City)  ( | (Jurisdiction under the law of w  | hich foreign limited liability company is organized)   |  | (FEI nun  | nber, if applicable)  |
| (See sections 603.0904 & 603.0905, F.S. to determine penalty liability)  3901 Sw 47th Ave, Suite 400 ,Davie,FL,33314  (Street Address of Principal Office)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400 ,  Davie,FL, (City)  (City)  Plorida 33314  (Zip code)  egistered agent's acceptance: (aving been named as registered agent and to accept service of process for the above stated limited liability company at esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I full comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family   | (Street Address of Principal Office)  Name:  Gavriel Meidar  Office Address:  Davie, FL,  Davie, FL,  (City)  Deen named as registered agent and to accept service of process for the above stated limited liability company at the plated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar weeps the obligations of my position as registered agent.  (Registered agent's signature)  Ename, title or capacity:  Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  | 07/2017   |  |  |   |   |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie, FL,  (City) , Florida 33314  (City) , Florida (2ip code)  egistered agent's acceptance: (aving been named as registered agent and to accept service of process for the above stated limited liability company at esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furly comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family   | Ine and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie, FL,  Davie, FL,  (City)  Therefore a gent's acceptance: (City)  Therefore a gent and to accept service of process for the above stated limited liability company at the part of this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar value to the obligations of my position as registered agent.  Solution  (Registered agent's signature)  Title or Capacity: Name and Address: Title or Capacity: Name and Address:  Name and Address: Title or Capacity: Name and Address:  Name and Address: Name |   | (Date first transacted business in Florida, if prio<br>(See sections 605.0904 & 605.0905, F.S. to det  | to registration                              | i.)<br>hability)  |   |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie, FL,  (City) Florida 33314  (City) (City) Florida 13314  (City) ( | Ine and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie,FL,  (City)  Registered agent and to accept service of process for the above stated limited liability company at the pated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  (Registered agent's signsture)  Registered agent's signsture)  Registered agent's fignsture)  Registered agent's fignsture a | 3901 Sw 47th Ave, Su  | ite 400 ,Davie,FL,33314  |  |   |   |
| Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie, FL,  (City)  registered agent's acceptance:  aving been named as registered agent and to accept service of process for the above stated limited liability company at resignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I full comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family   | Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie,FL, Florida 33314  Given agent's acceptance: Repeated agent and to accept service of process for the above stated limited liability company at the protect in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent's signature)  Registered agent and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent agent agent agent agent and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent age | (Street Address of I  | Principal Office)  | Ů.   |   | dress)  |
| Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie, FL,  (City)  registered agent's acceptance:  (aving been named as registered agent and to accept service of process for the above stated limited liability company at resignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I full comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family  | Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie,FL, Florida 33314  Given agent's acceptance: Repeated agent and to accept service of process for the above stated limited liability company at the protect in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent's signature)  Registered agent and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent agent agent agent agent and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent age |   |  |  |   |   |
| Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie, FL,  (City)  registered agent's acceptance:  (aving been named as registered agent and to accept service of process for the above stated limited liability company at resignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I full comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family  | Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie,FL, Florida 33314  Given agent's acceptance: Repeated agent and to accept service of process for the above stated limited liability company at the protect in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent's signature)  Registered agent and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent agent agent agent agent and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent age |   |  |  |   |   |
| Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie,FL, , Florida 33314  (City) , Florida (Zip code)  registered agent's acceptance: aving been named as registered agent and to accept service of process for the above stated limited liability company at resignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I full comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am family  | Name: Gavriel Meidar  Office Address: 3901 Sw 47th Ave, Suite 400,  Davie,FL, Florida 33314  Given agent's acceptance: Repeated agent and to accept service of process for the above stated limited liability company at the protect in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent's signature)  Registered agent and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent agent agent agent agent and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.  Registered agent age |   |  |  |   |   |
| Davie, FL,  (City)  (City)  (Zip code)   | Davie,FL,  (City)  (Ci | Name and street address   | s of Florida registered agent: (P.O. B   | ox <u>NOT</u>                                | acceptable)   |   |
| Davie, FL,  (City)  (City)  (Zip code)   | Davie,FL,  (City)  (Ci | Name:   | Gavriel Meidar   |  |   | P;  |
| Davie, FL,  (City)  (City)  (Zip code)   | Davie,FL,  (City)  (Ci | Office Address:   | 3901 Sw 47th Ave, Suite 400,   |  |   | - Land  |
| egistered agent's acceptance:  (Zip code)  (Zip code)  (aving been named as registered agent and to accept service of process for the above stated limited liability company at esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I full comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am fami  | ered agent's acceptance:  Separated agent and to accept service of process for the above stated limited liability company at the pated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.    Cipcode   | Office ridgiess.  |  |  | 2221  | <br>ယ   |
| legistered agent's acceptance:<br>Taving been named as registered agent and to accept service of process for the above stated limited liability company at<br>esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I ful  | the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar value of the obligations of my position as registered agent.    Registered agent's signature  |   |  |  | , Florida 33314   | <u></u>   |
| aving been named as registered agent and to accept service of process for the above stated limited liability company at<br>esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I ful<br>comply with the provisions of all statutes relative to the proper and complete performance of my dutles, and I am fami   | g been named as registered agent and to accept service of process for the above stated limited liability company at the p ated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further ply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar vacept the obligations of my position as registered agent.    Solog   | egistered agent's accep   |  |  | (2.10 10  | ac)   |
| (Registered agem's signature)  | Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  One of Capacity:  Name and Address:  Name and Address:  One of Capacity:  One of Capacity:  Name and Address:  One of Capacity:  One of Capacit | comply with the provisi   | ions of all statutes relative to the prop  |  | ered agent and agree to ac  | t in this capacity. I furthe  |
| The name title or conscitueed address of the name (c) who has/have outhority to make is/and  | Name and Address:  Name and Address:  Title or Capacity:  Name and Address:  One of Capacity:  Name and Address:  Name and Address:  One of Capacity:  One of Capacity:  Name and Address:  One of Capacity:  One of Capacit | comply with the provisi   | ions of all statutes relative to the prop<br>s of my position as registered agent.<br>See Bolo   | er and co                                    | ered agent and agree to ac  | t in this capacity. I furthe  |
|  | 3901 Sw 47th Ave, Suite 400 Davie, FL, 33314  Gavriel Meidar   | o comply with the provising accept the obligation.  | ions of all statutes relative to the prop<br>s of my position as registered agent.<br>Solo<br>(Registered agen   | er and co                                    | ered agent and agree to ac<br>mplete performance of my  | t in this capacity. I furthe  |
|  | 3901 Sw 47th Ave, Suite 400 Davie, FL, 33314  Gavriel Meidar   | o comply with the provision accept the obligation.  3. The name, title or capa  | ions of all statutes relative to the property of my position as registered agent.    Sample   Policy     (Registered agent)  | er and co                                    | ered agent and agree to acc<br>mplete performance of my<br>authority to manage is/are:  | t in this capacity. I furthe<br>duties, and I am familiar               |
| 3901 Sw 47th Ave, Suite 400  | 9% May Gavriel Meidar  | o comply with the provision accept the obligation:  3. The name, title or capa Title or Capacity:   | ions of all statutes relative to the property of my position as registered agent.    Same and Address:   | er and co                                    | ered agent and agree to acc<br>mplete performance of my<br>authority to manage is/are:  | t in this capacity. I furthe<br>duties, and I am familiar               |
| Davie,FL,33314   |  | comply with the provisind accept the obligations  The name, title or capa   | ions of all statutes relative to the property of my position as registered agent.    Solution   Registered agent   | er and co  (2)  (3) signature)  has/have  Ti | ered agent and agree to acc<br>mplete performance of my<br>authority to manage is/are:  | t in this capacity. I furthe<br>duties, and I am familiar               |
| 49% Ma√ Gayriel Meidar   |  | o comply with the provision accept the obligation:  3. The name, title or capa Title or Capacity:   | ions of all statutes relative to the property of my position as registered agent.    Solution   Registered agent   | er and co  (2)  (3) signature)  has/have  Ti | ered agent and agree to acc<br>mplete performance of my<br>authority to manage is/are:  | t in this capacity. I furthe<br>duties, and I am familiar               |
| 3901 Sw 47th Ave, Suite 400  | V 3901 Sw 47th Ave, Suite 400  | o comply with the provisind accept the obligations  3. The name, title or capa Title or Capacity:  51% My (   | ions of all statutes relative to the property of my position as registered agent.  (Registered agent acity and address of the person(s) who Name and Address:  Hanna Meidar  3901 Sw 47th Ave. Suite 4 Davie, FL, 33314  | er and co  (2)  (3) signature)  has/have  Ti | ered agent and agree to acc<br>mplete performance of my<br>authority to manage is/are:  | t in this capacity. I furthe<br>duties, and I am familiar               |
| Davie,FL,33314   | Davie,FL,33314   | comply with the provisind accept the obligation:  The name, title or capa Title or Capacity:  | ions of all statutes relative to the property of my position as registered agent.  (Registered agent acity and address of the person(s) who Name and Address:  Hanna Meidar  3901 Sw 47th Ave, Suite 4 Davie, FL, 33314  Gavriel Meidar  3901 Sw 47th Ave, Suite 4   | der and co                                   | ered agent and agree to acc<br>mplete performance of my<br>authority to manage is/are:  | t in this capacity. I furthe<br>duties, and I am familiar               |
|  |  | The name, title or capa  Title or Capacity:   | ions of all statutes relative to the property of my position as registered agent.  (Registered agent acity and address of the person(s) who Name and Address:  Hanna Meidar  3901 Sw 47th Ave, Suite 4 Davie, FL, 33314  Gavriel Meidar  | der and co                                   | ered agent and agree to acc<br>mplete performance of my<br>authority to manage is/are:  | t in this capacity. I furthe<br>duties, and I am familiar               |
| Ise attachments if necessary)  | ttachments if necessary)   | The name, title or capa Title or Capacity:  51% My (  | ions of all statutes relative to the property of my position as registered agent.  (Registered agent acity and address of the person(s) who Name and Address:  Hanna Meidar  3901 Sw 47th Ave, Suite 4 Davie,FL,33314  Gavriel Meidar  3901 Sw 47th Ave, Suite 4 Davie,FL,33314  | der and co                                   | ered agent and agree to acc<br>mplete performance of my<br>authority to manage is/are:  | t in this capacity. I furthe<br>duties, and I am familiar               |
|  |  | The name, title or capa Title or Capacity:  51% Ma (  | ions of all statutes relative to the property of my position as registered agent.  (Registered agent acity and address of the person(s) who Name and Address:  Hanna Meidar  3901 Sw 47th Ave, Suite 4 Davie,FL,33314  Gavriel Meidar  3901 Sw 47th Ave, Suite 4 Davie,FL,33314  | has/have                                     | ered agent and agree to accumplete performance of my multiple performance of my multiple authority to manage is/are: the or Capacity: | n this capacity. I further duties, and I am familiar  Name and Address: |
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## Delaware The First State

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