## **NOT-FOR-PROFIT CORPORATION**

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DOCUMENT # NO100	000 334	18	<u> </u>		
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			TALL	AHASSEE, FLORIDA	
2. Principal Place of Business	3. Mailing Address	<u> </u>	4		
7858 Havana Hwy	or maning reduces				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
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City & State Havana , Fl	City & State		4. FEI Number	Applie Not Ar	ed For oplicable
	Zip	Country		\$9.75 Addison	·
考 2333 Country			5. Certificate of Stat	tus Desired . Fee Required	пал
***************************************			7. Name and Addres	s of Current Registered Agent	
		Name 0	Name Dikki Beare		
DO NOT W	RITE	Street Addres	Street Address (PQ-Box Number is Not Acceptable)		
IN THIS SP	DACE	1.2	20 IMM	M Warmand	
in This Sr	ACL				
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B. The above named entity submits this statement for	or the purpose of changing i			e state of Florida.	hone
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	and title if applicable. (NC	DTE: Registered Agent signature requ	ired when reinstating)	W) n) K	iki
SIGNATURE	and title if applicable. {NC	OTE: Registered Agent signature requ	ired when reinstating)	· · · · · · · · · · · · · · · · · · ·	iki
SIGNATURE  Signature, typed or printed name of registered agent.			<u> </u>	DATE	Wi
SIGNATURE	9. Election Ca	OTE: Registered Agent signature requirements ampaign Financing Contribution.	\$5.00 May Be Added to Fees	· · · · · · · · · · · · · · · · · · ·	Wi
SIGNATURE  Signature, typed or printed name of registered agent.  FEE IS \$61.25  Initial or Amended UBR	9. Election Ca Trust Fund	ampaign Financing	\$5.00 May Be	DATE  Make Check Payable to	
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of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: