Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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| To: | | | MAY 25 |
| | Division of Corporations | | 7 ~ |
| | Fax Number : (850)617-6381 | AX SX | 5 2 |
| From: | | SES | PH 4: 44 |
| | Account Name : INTERSTATE FILINGS LLC | tu co | |
| | Account Number : I20110000086 | 프랑 | |
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| | Fax Number : (718)504-7890 | 1., | • |
| an | the email address for this business entity to noual report mailings. Enter only one email add mail Address: | dress please.** | ·e |
| | FLORIDA LIMITED LIABILITY | CO. | |
| | A DADAMOTISTO INTERPORT CONTROL | | |
| (n 2 5) | A. PAPATSURIS INVESTMENTS I | LILC. | |
| CES CES | Certificate of Status | 0 | |

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Certificate of Status0Certified Copy0Page Count02Estimated Charge\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE I - Name:

The name of the Limited Liability Company is.

A. PAPATSURIS INVESTMENTS LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| Principa | al Office Address: | | Mailing Address: | | |
|--|--|--|--------------------------------|-------------------|---------------|
| 17935 LENNAN BR | OOK LANE | 179 | 35 LENNAN BROOK LANE | | |
| ORLAND PARK, II. | . 60467 | OR | LAND PARK, IL 50467 | | |
| | | | | - 18 8 | |
| ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a | cannot serve as its own ective Florida (egistrati address of the registere | n Registered Agent, on.) id agent are. | You must designate an individu | SECRETARY OF S | Server Server |
| | INTERSTATE AGI | | LC | - SS - F: | |
| | | Name | | | |
| | 100 SE 2ND STREI | ET SUITE 2000 #2 |)9 | 111 | |
| | Florida street addre | 58 (P.O. Box <u>NOT</u> | acceptable) | | |
| | MIAMI | FI. | 33131 | | |
| | City | State | Zıp | | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. Thereby 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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S..

Registered Agent's Signature (REQCTRED)

(CONTINUED)

Page 1 of 2

To:

| <u>Title:</u> "AMBR" = Authorized Member | Name and Address: |
|--|---|
| "MGR" = Manager | ALEXANDRA MARIA DA BARRINO |
| Managing Member | ALEXANDRA MARIA PAPATSURIS 17935 LENNAN BROOK LANE |
| | ORLAND PARK, IL 60467 |
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| (Use attachment if necessary) | |
| (2.02 | |
| n effective date is listed, the date must be specific at | g: (OPTIONAL) nd cannot be more than five business days prior to or 90 days after |
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