

CERTIFICATE OF TRUST

STATE OF FLORIDA
COUNTY OF BROWARD

UPON OATH IT IS HEREBY CERTIFIED that:

1. This certificate of trust relates to the Trust executed by DONNA MARIE ALLHUSEN, trustee and beneficiary of the DONNA MARIE ALLHUSEN REVOCABLE TRUST DATED June 26, 2014 ("the Trust").
2. The name of the Grantor is DONNA MARIE ALLHUSEN.
3. The name of the original trustee is DONNA MARIE ALLHUSEN. The name of each trustee empowered to act under the Trust at the time of the execution of this Certificate of Trust are: DONNA MARIE ALLHUSEN.
Trustee and Primary Beneficiary: DONNA MARIE ALLHUSEN is entitled to the use and occupancy as to an equitable life estate in any homestead real property held under the terms of the Trust (if any.)
Successor Trustees: GALIT MAZOR.
The trustee(s) are authorized by the Trust to sell, convey, pledge, mortgage, lease, manage, operate, control, transfer title, divide, convert or allot the trust property, including real and personal property, and to sell upon deferred payments.
4. The Trust has not been revoked.
5. The undersigned hereby represents that the statements contained in the Certificate of Trust are true and correct and that there are no other provisions in the Trust or amendments to it that limit the powers of the Trustee to sell, convey, pledge, mortgage, lease, manage, operate, control, transfer title, divide, convert or allot the trust property, including real and personal property.

6. This Trust has not been revoked, modified or amended in any manner which would cause the representations in this certification of trust to be incorrect. This trust is being signed by all the currently acting trustees of the trust.

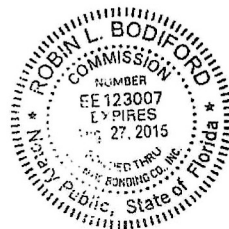

DONNA MARIE ALLHUSEN

The foregoing Certificate of Trust was acknowledged before me this 26 day of June, 2014, by DONNA MARIE ALLHUSEN who identified this instrument as his Certificate of Trust and signed the instrument willingly. DONNA MARIE ALLHUSEN X is personally known to me, or has produced as identification on this day.

Signed: _____

Signed: _____ as Identification on t

Notary Public, State of Florida
(SEAL)



THIS DOCUMENT WAS PREPARED BY
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