

State of Florida



Department of State

APOSTILLE

(Convention de La Haye du 5 octobre 1961)

1. Country: United States of America

This public document

2. has been signed by Alexus Palmer

3. acting in the capacity of Notary Public of Florida

4. bears the seal/stamp of Notary Public, State of Florida

Certified

5. at Tallahassee, Florida

6. the Third day of June, A.D., 2020

7. by Secretary of State, State of Florida

8. No. 2020-51561

9. Seal/Stamp:



10. Signature:

Ronald R. Lee

Secretary of State

Secretary of State

DSDE 99 (2/12)

**COPY CERTIFICATION BY
DOCUMENT CUSTODIAN**

I, Jongsma Tatyana hereby declare that the attached reproduction
of Michael Muskepo, United States of America is a true, correct and
Permanent Resident
complete photocopy of the original document in my possession.

Signature of Original Document Custodian

851 Brightwaters Blvd. NE St. Louis
Address

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

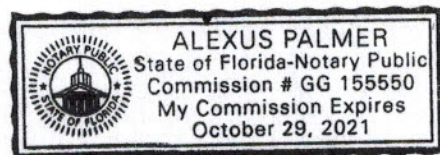
State of Florida

County of Pinellas

On 05/19/2020, before me, Alexus Palmer ~~Jongsma Tatyana~~, Notary Public, personally appeared
Jongsma Tatyana, Florida Drivers License
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the attached instrument and acknowledged to me by means of physical presence that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under Penalty of Perjury under the laws of the State of Florida that the foregoing paragraph is true and correct.

WITNESS MY HAND AND OFFICIAL SEAL.



Signature of Notary Public

(Notary Seal)

OPTIONAL INFORMATION

DESCRIPTION OF ATTACHED DOCUMENT

United States of America
Permanent Resident

Number of Pages 1 (Including acknowledgment)

Document Date 05/13/2019

(Additional Information)

CAPACITY CLAIMED BY SIGNER

☒ Individual
☐ Corporate Officer
☐ Partner
☐ Attorney-In-Fact
☐ Trustee
☐ Other: _____

