[redacted]

United States of America

DEPARTMENT OF STATE

To all to whom these presents shall come, Greetings:

I Certify That the document hereunto annexed is under the Seal of the Department of State of the State(s) of New York, and that such Seal(s) is/are entitled to full faith and credit.*

For the contents of the annexed document,the Department assumes no responsibility
This certificate is not valid if it is removed or altered in any way whatsoever

In testimony whereof, I, John F. Kerry, Secretary of State , have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this twenty-fourth day of August, 2016.

Secretary of State

By _____
Assistant Authentication Officer
Department of State

Issued pursuant to CHXIV, State of Sept. 15, 1789, 1 Stat. 68-69; 22 USC 2657; 22USC 2651a; 5 USC 301; 28 USC 1733 et. seq.; 8 USC 1443(f); RULE 44 Federal Rules of Civil Procedure.

United States of America

State of New York
Department of State

It is hereby certified, *that* ***Milton A. Tingling*** *was Clerk of County of* ***New York*** *in the State of New York, and Clerk of the Supreme Court therein, being a Court of Record, on the day of the date of the annexed certificate, and duly authorized to grant same; that the seal affixed to said certificate is the seal of said County and Court; that the attestation thereof of said Clerk is in due form and executed by the proper officer; and that full faith and credit may and ought to be given to said Clerk's official acts.*

In Testimony Whereof, *the Department of State Seal is hereunto affixed.*

Witness my hand at the city of New York

this ***2nd*** *day of* ***May Two Thousand and Sixteen***

STATE OF NEW YORK ★ DEPARTMENT OF STATE ★ EXCELSIOR

Whitney A. Clark

Whitney A. Clark
Special Deputy Secretary of State

[redacted]

210CC(REV: 09/25/12)

State of New York
County of New York } *SS:*

[redacted]

I, Milton Adair Tingling, Clerk of the County of New York, and Clerk of the Supreme Court in and for said county, the same being a court of record having a seal, **DO HEREBY CERTIFY THAT**

SHARON SIMPKINS

whose name is subscribed to the annexed original instrument has been commissioned and qualified as ~~a NOTARY PUBLIC~~ DEPUTY CITY REGISTRAR and has filed his/her original signature in this office and that he/she was at the time of taking such proof or acknowledgment or oath duly authorized by the laws of the State of New York to take the same: that he/she is well acquainted with the handwriting of such public officer or has compared the signature on the certificate of proof or acknowledgment or oath with the original signature filed in his/her office by such public officer and he/she believes that the signature on the original instrument is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and my official seal this
29th day of April, 2016

Milton Adair Tingling

County Clerk, New York County

COUNTY CLERK
NEW YORK COUNTY

, Deputy
New York do
of Health and
e City of New
h and Mental
seal thereon
e City of New
Department of
am authorized
New York.

NYC Health

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

EXEMPLIFICATION OF BIRTH OR DEATH RECORD

SHARON SIMPKINS

I, _____, Deputy City Registrar of the Office of Vital Records of the Department of Health and Mental Hygiene of the City of New York do hereby certify that the foregoing transcript is a true copy of the original record now on file in the Department of Health and Mental Hygiene of the City of New York, this being a department of the Municipal Corporation known as the City of New York; that I have compared the said transcript with the original record on file in the Department of Health and Mental Hygiene and that the same is a correct transcript of said original record, and of the whole thereof; that the seal thereon impressed is the official seal of the Board of Health of the Department of Health and Mental Hygiene of the City of New York, and I further hereby certify that I am Deputy City Registrar of the Office of Vital Records in the said Department of Health and Mental Hygiene in the City of New York, where the said certificate and record is on file, and that I am authorized to certify the said record in accordance with Section 17-102 (Sub b) of the Administrative Code of the City of New York.

The foregoing transcript is a true copy of said original record, identified as

☑ Birth ☐ Death

Certificate Number [redacted] Year 1972,

Borough of Brooklyn.

In witness whereof I have hereunto set my hand and caused the seal of the Board of Health of the Department of Health and Mental Hygiene of the City of New York to be affixed this 19th *day of* January *in the year* 2016.

UNTY
ERK
YORK
UNTY

Sharon Simpkins
Signature

VR 68 (Rev. 2/14)

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

CERTIFICATE OF BIRTH

DATE FILED 1972 MAR -3 AM 10:22

Birth No. [redacted]

1. FULL NAME OF CHILD (Type or Print)	First Name: Robert	Middle Name: Larry Jr.	Last Name: Marshall			
2. SEX: Male	3a. NUMBER OF CHILDREN born of this pregnancy: 1	3b. If more than one, number of this child in order of birth:	4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year): March 2, 1972	4b. Hour: 5:44 am	AM / PM	
5. PLACE OF BIRTH	a. New York City	b. Borough: Brooklyn	c. Name of Hospital or Institution. If not in hospital, street address.: The Brookdale Hospital Center			
6a. MOTHER'S FULL MAIDEN NAME: Roseanna Smith	6b. MOTHER'S AGE at time of this birth: 19	6c. MOTHER'S BIRTHPLACE, City and State. If not U. S. A., Country.: Brooklyn				
7. MOTHER'S USUAL RESIDENCE	a. State: New York	b. County: Kings	c. City, town or location: Brooklyn	d. Inside city limits (Specify Yes or No): Yes	e. Street and house number: 763 Mc Donough Street	
8a. FATHER'S FULL NAME: Robert Marshall	8b. FATHER'S AGE at time of this birth: 22	8c. FATHER'S BIRTHPLACE, City and State. If not U.S.A., Country: Brooklyn				

I hereby certify that this child was born alive at the hour and on the date stated above, and that all the facts stated in this certificate and report of birth are true to the best of my knowledge, information and belief.

Date of Report March 2, 19 72

(Signed) Stewart Horn M.D.

C.R.N. D.N. [illegible]

Name of Signer Stewart Horn M.D.
(Type or Print)

Address The Brookdale Hospital Center

Given name added from a supplemental report ..... (Date of)

..... Borough Registrar.

BUREAU OF RECORDS AND STATISTICS — DEPARTMENT OF HEALTH — THE CITY OF NEW YORK

Print here the mailing address of mother. → Copy of this certificate will be mailed to her when it is filed with the Department of Health.

Name Roseanna Marshall

Address 763 Mc Donough Street Apt. 3D

City Brooklyn State N.Y. Zip Code 11233

This is to certify that the foregoing is a true copy of a record on file in the Department of Health and Mental Hygiene. The Department of Health and Mental Hygiene does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

Do not accept this transcript unless it bears the security features listed on the back. Reproduction or alteration of this transcript is prohibited by §3.19(b) of the New York City Health Code if the purpose is the evasion or violation of any provision of the Health Code or any other law.

Steven P. Schwartz, Ph.D., City Registrar

[redacted]

January 19, 2016

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

United States of America

State of New York
Department of State

It is hereby certified, *that* ***Nancy T. Sunshine*** *was Clerk of County of* ***Kings*** *in the State of New York, and Clerk of the Supreme Court therein, being a Court of Record, on the day of the date of the annexed certificate, and duly authorized to grant same; that the seal affixed to said certificate is the seal of said County and Court; that the attestation thereof of said Clerk is in due form and executed by the proper officer; and that full faith and credit may and ought to be given to said Clerk's official acts.*

In Testimony Whereof, *the Department of State Seal is hereunto affixed.*

Witness my hand at the city of New York

this ***9th*** *day of* ***May Two Thousand and Seventeen***

STATE OF NEW YORK ★ DEPARTMENT OF STATE ★ EXCELSIOR

Whitney A. Clark

Whitney A. Clark
Special Deputy Secretary of State

[redacted]

210CC(REV: 09/25/12)

STATE OF NEW YORK
COUNTY OF KINGS **SS:**
COUNTY CLERK'S OFFICE

I, Nancy T. Sunshine, County Clerk of the County of Kings, State of New York and also Clerk of the Supreme Court in and for said County and State, the same being a Court of Record and having a seal;

DO HEREBY CERTIFY THAT LOVE, FREDERICK J. 01LO6218899
Term 3/22/2014 to 3/22/2018

Whose name is subscribed to the annexed affidavit, deposition, certificate of acknowledgment or proof, was at the time of taking the same a NOTARY PUBLIC in and for the State of New York, duly commissioned and sworn and qualified to act as such throughout the State of New York; that pursuant to law a commission, or a certificate of their official character, and autograph signature, have been filed in my office; that as such the Notary Public was duly authorized by the laws of the State of New York to administer oaths and affirmations, to receive and certify the acknowledgment or proof of deeds, mortgages, powers of attorney and other written instruments for lands, tenements and hereditaments to be read in evidence or recorded in this State, to protest notes and to take and certify affidavits and depositions; and that I am well acquainted with the handwriting of such Notary Public or have compared the signature on the annexed instrument with their autograph signature deposited in my office,

IN WITNESS WHERE OF, I have hereunto set my hand and affixed my official seal at Brooklyn, Kings County, New York on February 22, 2017

Nancy T. Sunshine

NANCY T. SUNSHINE
KINGS COUNTY CLERK

AFFIDAVIT OF OWNERSHIP

State of NEW YORK}

} SS

County of KINGS}



RE: Birth Certificate, Birth No [redacted], Authenticated B.C. No [redacted]

I, the undersigned, first lien holder, beneficial owner, having obtained the age of majority, depose and state that I am familiar with the facts recited, and the party named in said birth certificate is the same party as one of the owners named in said certificate of title. As per "doctrine of merger" I therefore now claim legal and equitable title.

robert Leroy JR Marshall

Printed name

Signature

Signed and sworn to before me this 22 day Of February, 2017.

I, Frederick J. Love A Notary, attest, the person signing this document is also the person whose image appears above.

Frederick J. Love

FREDERICK J. LOVE
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LO6218899
Qualified in Kings County
My Commission Expires March 22, 2018

Notary Public My Commission Expires

AFFIDAVIT and DECLARATION OF ALLODIUM

Doc# *ADA2018108RLJM*



State of New Jersey}

}ss

County of Union}

Re: Birth Certificate # [redacted], Authenticated Birth Certificate #'(s) [redacted]

I, the undersigned, first lien holder, beneficial owner, having obtained the age of majority, depose and declare that I am familiar with the facts recited, and that the party named in said birth certificate are "one and the same". No individual, person, or natural person can ever claim superior position. As per "doctrine of merger" I therefore now claim legal and equitable title.

*This document succeeds and replaces the previous "AFFIDAVIT OF OWNERSHIP" signed and dated on the 22nd day of February 2017. (See attached)

Robert Leroy Jr Marshall

Printed name

Signature

Signed and affirmed to before me this ____ day of October, 2018.

I, Masood Ul Hasan a Notary, attest, the person signing this document is also the person whose image appears above.

Notary Public, My Commission Expires

MASOOD UL HASAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 3-15-2023
COMM # 2431310