[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 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, Rex W. Tillerson, 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 eleventh day of December, 2017.

Rex W. Tillerson

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 Adair 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 ***23rd*** *day of* ***January 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)

Form 1

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
23rd day of January, 2017

Milton Adair Tingling

County Clerk, New York County

COUNTY CLERK NEW YORK COUNTY

ew York.

m authorized

epartment of

City of New

seal thereon

and Mental

City of New

f Health and

New York do

, Deputy

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 2000,

Borough of Brooklyn.

NTY
RK
YORK
JNTY

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 14th *day of* November *in the year* 2014.

Sharon Simpkins
Signature

VR 68 (Rev. 2/14)

THE CITY OF NEW YORK
VITAL RECORDS CERTIFICATE

NEW YORK CITY
DEPARTMENT OF HEALTH
DATE FILED 2000 JUL 28 A 11: 11

CERTIFICATE OF BIRTH

Birth No [redacted]

1. FULL NAME OF CHILD	First Name: Cydne	Middle Name: Lora	Last Name: Marshall	
2 SEX: Female	3a NUMBER DELIVERED of this pregnancy: 1	3b If more than one, number of this child in order of delivery:	4a DATE OF CHILD'S BIRTH (Month) (Day) (Year): July 21, 2000	4b HOUR: 09:54 AM
5 PLACE OF BIRTH	5a NEW YORK CITY BOROUGH OF: Brooklyn	5b Name of Facility (if not in institution, street address): THE BROOKLYN HOSPITAL CENTER	5c TYPE OF PLACE: Hospital	
6a. MOTHER'S FULL MAIDEN NAME: Francyne Celeste Tyson	6b MOTHER'S DATE OF BIRTH (Month) (Day) (Year): 06/05/1972	6c MOTHER'S BIRTHPLACE City & State or foreign country: Brooklyn, NY		
7 MOTHER'S USUAL RESIDENCE a State: NY	b County: Kings	7c City, town, or location: New York	7d Street and house number: 356 Lafayette Avenue Apt. 4E	Zip: 11238 / 7e Inside city limits of 7c?: Yes
8a FATHER'S FULL NAME: Robert Larry Marshall, Jr.	8b FATHER'S DATE OF BIRTH (Month) (Day) (Year): 03/02/1972	8c FATHER'S BIRTHPLACE City & State or foreign country: Brooklyn, NY		
9a NAME OF ATTENDANT AT DELIVERY: Bruno Caridi, M.D.	9b I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN			

Information added or amended

(Reason)

Date City Registrar

Signed Eileen D Comrie Administratio

Name of Signer Eileen Comrie

Address 121 Dekalb Avenue, Brooklyn, NY 11201

Date Signed July 21, Year 2000

VITAL RECORDS DEPARTMENT OF HEALTH THE CITY OF NEW YORK

Francyne Celeste Marshall
356 Lafayette Avenue Apt. 4E
Brooklyn NY 11238

MOTHER'S MAILING ADDRESS
Copy of this certificate will be mailed to her when it is filed with the Department of Health

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]

November 16, 2016

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

AFFIDAVIT and DECLARATION OF ALLODIUM

Doc# *ADA2018108CLM*



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.

Cydne Marshall

Printed name

Cydne Marshall

Signature

Signed and affirmed to before me this 9 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