· ·	PLEASE READ	ALL INSTRUC	TIONS BEFORE	COMPLET	TING THIS FORM.
COMPANY			DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS		FILED 15 HAR -4 PH 2:18
DOCUMENT # L05000119774 1. Limited Liability Company's Name				;	BESTALTARY OF STATE
ARG, LLC					
Pnncipal Office Address - No P.O. Box # 3. Mailing Office Address				-	CR2E041 (1/14)
450 2	Oth Avenue	460 20th Avenue		4. State/Count	try of Formation
Suite, Apt. #,		Suite, Apt. #, etc.		Flori	•
				5. Date Organ	ized or Qualified ness in Florida
City & State		City & State		TO DO BUSI	12/13/05
India	n Rock Beach, FI	Indian Rocks Reach, F		6. FEI Numbe	
Zip	Country	Zip Zip	Country	十 <u>20</u> -402	
33785	USA	33785	USA		F STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
	8. Name and Address	of Current Registered Ag		1	:
Name					i
Judy Ashley					
Street Address (P.O. Box Number is Not Acceptable)				TREINS	STATEMENT 2006 -
1401 Gulf Blvd. Suite, Apt #, Etc.				-	0-15
Suite, Apr.	#, EtC.				1605
Cleary	vater		State Zip Code 6		300270261478 '04/1501031003 **1348.76
9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent Ochlew Date 1//9/15					
Judy Ashley REGISTERED AGENT MUST SIGN					
10. Name	s and Street Addresses of Authorized R	epresentatives/Managers			
Titles	Name of Authorized Representative Managers	esi	Street Address of Each Authorized Representati Manager		City / State / Zip
And	Judy Ashley	460 20th Aven		ue	Indian Rocks Beach, F.
[Carly	Gary Ashley	46	0 20th Aven	116	Indian Rocks Beach, F.
1 4 4			2000.2000		33785
				03/	00270261478 04/15-01031004 **138.75
					M. MILLIGAN
					EXAMINER
11 E-mail Address: garyashley21@hotmail.com					MAR - 5 2015
(To be used for future annual report not/locations) 12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012. F.S., and that all fees named by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath, I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager Authorized Representative/Manager Date 1 / / 9/ 1 5 Daytime Phone # 810 - 625 - 8332					
Typed or printed name of signing Authorized Representative Manager					