

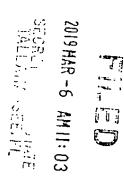
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PICK-UP	☐ WAIT	MAIL
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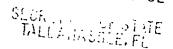




COVER LETTER

TO: Registration Section Division of Corporations **ARD 535, LLC** SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Articles of Revocation of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Andrew Rasken Name of Person **ARD 535, LLC** Firm/Company 3390 Mary Street, Suite 116 Miami, FL 33133 City/State and Zip Code cchaljub@ar-developmentgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cristina Chaljub Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$100 Filing Fee ■ \$105 Filing Fee & □ \$130 Filing Fee & □ \$135 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy

ARTICLES OF REVOCATION OF DISSOLUTION 2019 MAR ~6 AM II: 02 FOR FLORIDA LIMITED LIABILITY COMPANY



Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

ARD 535 LLC

l.	The name of the company is		
2.	The document number of the company is L18000249506		
3.	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was 2/26/19		
4.	The revocation of dissolution was authorized in the same manner as the dissolution on		
-	natures of the members having the same percentage membership interests essary to approve the revocation of dissolution:		
Sign	Typed or Printed Name		
	Andrew Rasken		
	Filing Fee: \$100.00		