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DOCUMENT # L990000 L933 1. Limited Liability Company's Name										SECRETARY OF STATE TALLAHASSEE FLORIDA						
- Limine			D\$ €∙ CC	om L							-					
										11.2	'OOC		75	747	, M.	H
2. Principal Office Address 7225 NW 25th Street					3. Mailing Office Address					700008775747 11/04/0201018007 **150.00 11/4 2002						
Suite, Apt. #, etc.					Suite, Apt. #, etc.					4. State/Country of Flormation FLORIDA USA						
#209 City & State				City	City & State					5. Date Organized or Qualified To Do Business in Florida Oc † 99						
Miami FC			Zip	Zip Count				—Ĺ	6. FEI Numb	-0955698 N			No	plied For t Applicabl	_4	
3312	<u>ا</u> ا	<u> </u>	ISA		8. N	ame and A	ddress of C	`		CERTIFICAT	E OF STATUS	DESIRED [\$5.00 # tot a	Additional Certificat	Fee requir e of Status	ed
	Name		· ·							- ,					}	
	Street Address (P.O. Box Number is Not Acceptable) 913 Normand								nd4	y Drive						
į	Suite, Apt. #	¥, Etc.							/_				_	- .	j	
	City		Mia		_						State FL	Zip Code	33/4	+1		
9. I, being Signature of Registered		registered	agent of the		11	liability con	χ_{1}	amillar with	and acc	ept the obliga	tions of Chap	oter 608, F.	s. /	62		CR2E041 (9/01)
10. Name	s and Street Ad			Members/Ma	anagers						· ·					1
Titles	Managing Members/Managers			nagers	Street Address of Eac Managing Member/ Mana					iger City / State / Zip						
moss	Mar	k St	tuart	,		722	5 NW	din	Stren	et #209	M	iami	FL	331	رد	
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filing this all fees o as if ma	that I am mana reinstatement owed by the lim de under oath.	iging men applicatio ited liabilit	nber/manage on the reason by company h	r or the rece for dissolution ave been pa	iver or truen has be	istee empo en eliminate formation in	wered to ex ed, the limite adicated on t	ecute this a d liability co his applicat	application is true	on as provided name satisfies ue and accurat	for in chapt the requiren e, and my sig	er 608, F.S nents of sec gnature sha	i. I further o tion 608.40 Il have the	pertify that 06, F.S., a same lega	t when nd that al effect	
Signature of Managing Me	mber/Manager	<i>V\</i>	M	4/1=	1			Date	10/2	\$Da	lytime Phone	#_36°	5 5 9 °	Y 00	84	
yped or print	ted name of sig	ning Man	aging Memb	er/Manager		1 AR	KA.	STU	ARI	<u> </u>						