

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 OCT 20 PM 2:41

DOCUMENT # **M1400004937**

1. Limited Liability Company's Name
Cardinal Capital Manager, LLC

2. Principal Office Address - No P.O. Box # 4400 N Scottsdale Rd		3. Mailing Office Address 4400 N Scottsdale Rd	
Suite, Apt. #, etc. Suite 9-553		Suite, Apt. #, etc. Suite 9-553	
City & State Scottsdale, Arizona		City & State Scottsdale, Arizona	
Zip 85251	Country USA	Zip 85251	Country USA

CR2E041 (1/14)

4. State/Country of Formation Arizona/USA	
5. Date Organized or Qualified To Do Business in Florida October 2014	
6. FEI Number 47-1247519	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite
1201 HAYS STREET

Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301-2525

100278269071

9. I, 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 *April Miller* **Assistant Secretary** Date **10/19/2015**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	Travis Bice	4400 N Scottsdale Rd. Ste 9-553	Scottsdale, AZ 85251
Manager	John McKee, Jr.	4021 N. 75th Street Suite 101	Scottsdale, AZ 85251
REINSTATEMENT			
2015			

11. E-mail Address **travis@cardinalmanager.com**
(To be used for future annual report notifications)

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 605, 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 requirement of section 605.0012, F.S., and that all fees owed 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *Travis Bice* Date **10-16-15** Daytime Phone # **480-313-6509**

Typed or printed name of signing authorized representative/member **Travis Bice, Manager**

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 837248 8002956
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 238.75

ORDER DATE : October 19, 2015
ORDER TIME : 5:31 PM
ORDER NO. : 837248-005
CUSTOMER NO: 8002956

PROCEED
2015 OCT 20 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: CARDINAL CAPITAL MANAGER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- _____ CERTIFIED COPY
- _____ PLAIN STAMPED COPY
- XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender EXT. 62956

EXAMINER'S INITIALS _____