m15000010090

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: CEFF. NIS 80 883 FECHICALLY not COS but Speaks to felive standing by way of reinstalement Lyn

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2015

ALEX BEHRENS 3500 COLLINS AVENUE MIAMI BEACH, FL 33140

SUBJECT: ALEX K. BEHRENS LLC

Ref. Number: W15000080883

We have received your document for ALEX K. BEHRENS LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason Regulatory Specialist II

Letter Number: 215A00026384

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AKB HOLDINGS LLC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the following:
ACEX BOHROWS Name of Person
AKB 14000000 CCC Firm/Company
3500 COLLINS AVENUE Address
Address MIAMI BEACH, FL 3140 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ACEX BOTTREWS at 917 385 55 77 Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclosed is a check for the following amount: \$\Begin{array}{c c c c c c c c c c c c c c c c c c c

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. AKB /400PINGS LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
ALEX K. BEHREUS LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. STATE OF WYONING (Jurisdiction under the law of which foreign limited liability company is organized) 3. 46 32167 93 (FEI number, if applicable)
4. DECGMBGR 21 2018 (Constitute 605 0004 8 605 0005 F.S. to determine reports) liability)
(See Sections 003.0904 & 003.0903, F.S. to determine penalty habitity)
5. 1712 PLONGER AVE, #2042
CHEYWNG, WY \$2.00 (Street Address of Principal Office)
6
(Mailing Address)
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: ALGX BOYRGS Office Address: SSO COLLINS AVOING MINNI BEACT (City) Registered agent's acceptance:
Office Address: 3500 Cours Avance To U
Mismi Beach , Florida 381485
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.
accept the originals of my pointed as registered agents
(Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: ALUXINOR BOTRUS MUNBON MANAGEM
3500 COLLINS AVOUVE,
MIANI BEACH, FL 33140
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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 an authorized person

STATE OF WYOMING Office of the Secretary of State

I, EDWARD F. MURRAY, III, Secretary of State of the State of Wyoming, do hereby certify that the certificate of dissolution for the entity listed below has been canceled and this entity has been reinstated effective October 8, 2015 as the grounds for administrative dissolution have been eliminated.

CERTIFICATE OF REINSTATEMENT

AKB HOLDINGS, LLC

I have affixed hereto the Great Seal of the State of Wyoming and duly executed this official certificate at Cheyenne, Wyoming on this 8th day of October, 2015



Filed Date: 10/08/2015

Secretary of State

By: Kit Bennett



Wyoming Secretary of State

State Capitol Building, Room 110 200 West 24th Street Cheyenne, WY 82002-0020 Ph. 307.777.7311 Fax 307.777.5339

Email: <u>Business@wyo.gov</u>

Ed Murray, WY Secretary of State FILED: 10/08/2015 08:16 AM Original ID: 2013-000646914 Amendment ID: 2015-001772749

Limited Liability Company Application for Certificate of Reinstatement

A limited liability company administratively dissolved under W.S. 17-29-705 may apply to the Secretary of State for reinstatement within two (2) years after the effective date of dissolution.

1. Limited liability company name:
AKB Holdings, LLC
2. Effective date of its administrative dissolution: 09/08/2014
(Date - mm/dd/yvyy)
3. Grounds for dissolution have been eliminated.
Signature: Date: 10/02/2015
(Shall be executed by a member, manager, or other authorized individual as (mm/dd/yyyy)) set forth in the operating agreement.)
Print Name: Lindsay Moore on behalf of Corporate Agents L
Title: Authorized Agent Daytime Phone Number: 307-632-3333
Contact Person: Lindsay Moore Email: tax@wyomingcompany.com
Checklist For failure to file annual report please submit the following: Each delinquent annual report fee The \$50 reinstatement fee (both fees can be submitted on one check) For failure to maintain registered agent please submit the following: The statement of change by business entity form and the consent to appointment form The \$50 reinstatement fee The \$250 penalty (both fees can be submitted on one check)
Please submit one originally signed document. An electronic certificate of evidence will be sent to the small address(es) provided.