

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001 UBR
LIMITED LIABILITY
COMPANY



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # **L00000010838**

1. Limited Liability Company's Name

ECSTASEA, LLC

2. Principal Office Address

3681 NE 7th Street

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34470

Country

USA

3. Mailing Office Address

3681 NE 7th Street

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34470

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

9-8-2000

6. FEI Number

59-3705948

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Deborah Lynn Usher

500004685745-9

Street Address (P.O. Box Number is Not Acceptable)

3681 NE 7th Street

-11/16/01--01074--016

*******50.00 *****50.00**

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34470

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Deborah Lynn Usher
REGISTERED AGENT MUST SIGN

Date **10-25-2001**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MEM	Deborah Lynn Usher	3681 NE 7th Street	Ocala, FL 34470
MEM	Deborah Reggio	9724 Dart Street	River Ridge, LA 70123
MEM	Rebecca Thomas	1301 SW 43rd Place	Ocala, FL 34474

11. I certify that I am managing member/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 608.406, 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.

Signature of

Managing Member/Manager

Deborah Lynn Usher

Date **10-25-2001**

Daytime Phone # **352-895-8779**

Typed or printed name of signing Managing Member/Manager

Deborah Lynn Usher

CR2001 (9/01)