Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

ARM HOLDINGS INVESTMENTS LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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CR2E041 (1/11)

DOCUMENT # L00000014845

1. Limited Liability Company's Name

ARM Holdings, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1190 N.W. 185th Avenue	c/o Suntecca Systems, Inc. 2 Avenue-A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines, FL	City & State: Leetsdale, PA
Zip: 33029 Country: Broward	Zip: 15056 Country: Allegheny

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 12/01/2000

6. FEI Number: 80-0046741 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Gustavo A. Etably

Street Address (P.O. Box Number is Not Acceptable): 1190 N.W. 185th Avenue

Suite, Apt. #, Etc.

City: Pembroke Pines | State: FL | Zip Code: 33029

E-mail Address:

ddelest@Sunteccausa.com
(To be used for future annual report notices)

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: Gustavo A Etably Date: 3-2-2011

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Gustavo A. Etably	1190 N.W. 185th Avenue	Pembroke Pines, FL 33029

REINSTATEMENT
08-11

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when (date) this REINSTATEMENT application the reason for dissolution has been eliminated; the limited liability company name satisfies the requirements of section 605.0108, F.S., and that all fees owed by the limited liability company have been paid. This 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 Managing Member/Manager: Gustavo A Etably Date: 3-2-2011 Daytime Phone #: 954-392-4596

Typed or printed name of signing Managing Member/Manager: Gustavo A. Etably

B Tadlock MAR 0 o 2011