APPLIC

1. DOCUMENT # L01000015217

Name and Mailing Address

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager

FILED 02 NOV 21 AM 9: 57 SECRETARY OF STATE TALEAHASSEE, FLORIDA

0004246 01 FP 0.352 \*\*PRSRT T3 0 0615 33432-169199 balkarillahalahallahallahlahlahlahlahlahlah ARCOM LLC 134 NW 16TH ST BOCA RATON FL 33432-1691



2 New Mailing	Addross		escentral e intérmedia en considerado	The control of the control (extra)	-				
2. New Mailing Address					4. State/Country of Formation				
City; State, Zip						FL 5,-Date Organized or Qualified			
						To Do Business in Florida 08/31/2001			
			ncipal Place of Business Address		6. FEI Number		Applied For		
134 NW 16TH ST BOCA RATON FL 33432					73-1627936 Not			Not Applicable	
		City, State, Zip			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee require for a Certificate of Status				
	8. Name and Address of Current	Registered Ag	ent	en la como de mario en Mario esperanto	9. Name and	l Address of New Registe	ered Agent	gradium in the text	
		· · · · · · · · · · · · · · · · · · ·	Name						
COMERT, TANJU 9696 TAVERNIER DR			Str		Street Address (P.O. Box Number is Not Acceptable)				
	RATON FL 33496			19009152784					
			İ		11/21/0201072008 **150.00				
			City Zip Code						
O. I. being an	pointed the registered agent of the ab	eve named limi	itad liability some		Commission for the Commission of the Commission			<del>-</del>	
ignature of	A Chief A	ove named line	ecu nability company,	am tamiliar with ar	id accept the ob	ligations of Chapter 608, F	.s. (		
egistered Agen		1	,	^		Date     /   <	12003	<u> </u>	
	RE	· · · · A PARTITION OF THE CASE OF THE CASE	ENT MUST SIGN	The second secon					
1. Names and	Street Addresses of Each Managing	Member/Mana							
Fitle(s)	Name of Managing Members/Managers		Street Address of Each Managing Member/Manag						
16 CM TI	ANJU CONGRT		9696 TAVER	NIEL DRW	E	BOCAMATON	FZ 3	3496	
		·					-		
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		## ## \$P <b>#</b>	<b>P</b> 2/16	<b>7</b> . /				I	
	REINSTATE	WILW.	200	inth				<u> </u>	
			$\Delta$						
			12/			,	X.	ı	
I certify that filing this rein all fees owed as if made u	I am managing member/manager or instatement application the reason for c d by the limited liability company have under oath.	the receiver or lissolution has t been paid. The	trustee empowered to been eliminated, the fir information indicated	execute this app mited liability comp on this application	lication as provid any name satisfi is true and accur	ded for in chapter 608, F.S es the requirements of sec ate, and my signature shal	. I further ce tion 608.406, If have the sa	rtify that when F.S., and that ime legal effect	
gnature of unaging Membe	er/Manager	mt	· · · · · · · · · · · · · · · · · · ·	Date		Paytime Phone # 561	620 2º	530	

TANTU LOWERT