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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.
Account Number : 076402003516
Phone : (239)514-1000
Fax Number : (239)514-0377

05 APR 29 PM 2:51 DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

ARIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

DOCUMENT # L02000000775

1. Limited Liability Company's Name
Arles, LLC

2. Principal Office Address	3. Mailing Office Address
2940 South Horseshoe Drive	
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.
City & State: Naples, Fl.	City & State
Zip: 34104 Country: USA	Zip Country

4. State/Country of Formation: FL
5. Date Organized or Qualified To Do Business in Florida: 1/10/2002
6. FEI Number: 33-0995949 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Richard C. Grant, Grant, Fridkin, Pearson, Athan & Crown, P.A.
Street Address (P.O. Box Number is Not Acceptable): 5551 Ridgewood Drive
Suite, Apt. #, Etc.: Suite 501
City: Naples State: FL Zip Code: 34108

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: _____ Date: April 29, 2004
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	Jeffrey A. Miller	2940 S. Horseshoe Drive Suite 800	Naples, FL 34104

11. I certify that I am managing member/manager of the member or member 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 608.408, 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: _____ Date: 4/29/05 Daytime Phone #: 239-591-8883

Typed or printed name of signing Managing Member/Manager: Jeffrey A. Miller, Managing Member