PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

DOCUMENT # LO200000061 1. Limited Limiting Corpropry Name VALKARIA VENTORES, LLC ILSI SW 30-M Street - SUITE D PALLU CITY FLACIDA 34990 2. Pindour D'Oron Address - NO P.O. Box # ILSI SW 30-M ST ILSI SW 3	c	TED LIABILITY COMPANY ISTATEMENT	Se	DEPARTMENT coretary of State ON OF CORPORATION		l .	FILED		
PALLIC CITY FLACIDA 34990 2. Principle Office Address - 18 P.D. Bus # 1151 Sub 344 ST 1151 Su	l = '					HEARTTARY OF STATE 17 I AHASSEE, FLOREN			
2. Principal Office Address - No P.O. Sox # ILS SW 30H ST ILS SW 30H SW ILS SW 30H ST	1151 SW 30th Street - SUITE D								
Solie, Ap. F., etc. SULTE D Sulfa, Apt. F., etc. SULTE D City A. State PALM CITY FLOUIDA To Country UNITED STATES Sens Address of Country UNITED STATES Sens Address of Country UNITED Some Address of Country UNITED State Tip Code FL SULTE D City PALM CITY FL State Tip Code FL SULTE D City PALM CITY FL State Tip Code FL SULTE D City PALM CITY FL State Tip Code FL SULTE D City PALM CITY FL State Tip Code FL SULTE D City PALM CITY FL Sulte SULTE D City PALM CITY FL Sulte SULTE D State Tip Code FL SULTE D City PALM CITY FL Sulte SULTE D City Authorized Representatives/ Authorized Agent must skell with and except the obligations of Chepter 605, F.S. Signature of Megisteric Agent Must Sion REGISTERED AGENT MUST SION REGISTERED AGENT MUST SION REGISTERED AGENT MUST SION REGISTERED AGENT MUST SION Authorized Representatives/ Authorized Representatives/ Authorized Representatives/ Authorized Representatives/ MRRM REINSTATEM Tip Code FL SULTE D Sure									
SUITE D SOLTE D SOLT SOLTE D SOLT SOLTE D SO	115	51 SW 3041 ST	11515	SW 30th ST		4. State/Country of Formation			
PALM CITY FLORIDA PALM CITY PALM CITY	SUITE D					5. Date Organized or Qualified			
STATES 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent Name 8. Name and Address of Current Registered Agent 15 SW 30 Address of State 16 Swarp Address of Address of Address of State 17 Swarp Address of State 18 Swarp Address of State 18 Swarp Address of State 18 Swarp Address of Swarp Addres	PALM	1 CITY FLORIDA	PALI	,		1			
Name BLAN WEST Steel Address IP.O. Sox Number is Not Acceptable) Suite WIST Apt. #, Ric. SUITE D City PALW CITY FLE SUITE D City State / Zip Colle REGISTERED AGENT MUST SIGN BRAN J WEST 10 Names and Street Addresses of Authorized Representatived Managers Name of Authorized Representative Authorized Representative Managers Name of Authorized Representative Fle Authorized Representative Fle Authorized Representative Fle Authorized Representative Fle Suite	34990 UNITED 3490			30 Cou					
Street Address (P.O. Box Number is Not Acceptable) Suite (M.D. Street Address of Authorized Representatives/Managers Titles							•		
Street Address (P.O. Box Number is Not Acceptable) Suitey Apt. #, Etc. SUITE D City PALLY CITY State Zip Code FL 31490 9. 1, being appointed the registered agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Authorized Representative/ Managers Managers MARM RELAN WEST ILSI SW 30 th STREET PALLY CITY, FLORIDA SUITE D R. HUNT 11, E-mail Address: WEST CO DEV @ COMMAST. NET (Tobs used for future enous import not feedborn) R. HUNT 12, I certify that I am an authorized representative/ manager or the receiver or traster empowered to execute this application as provided for in Chapter 605, F.S. I further conflict that when filing this reinistatement application the reason for dissolution has been eliminated, the limited liability company name assisting the requirement of section 605, 0012, F.S. and that all fees owned by the limited liability company have been paid. The information in clauded on this application is true and accurries, 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 fellows as provided for in s. 817-155, F.S. Signature of authorized representative/wimember Date 12 28 20 16 TO 3-703-1-8500								1	
City PALW CITY State Zip Code FLL 3H90	Streel Address (P.O. Box Number is Not Acceptable) Suite								
9. 1, 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 REGISTERED AGENT MUST SIGN BZ/AN WEST 10. Names and Street Addresses of Authorized Representatives/Managers Titles Name of Authorized Representatives/Managers Titles Name of Authorized Representatives/Managers MGRM BEIAN WEST 1151 SW 30 th STREET PALM CITY, FLORIDA SUITE D 344700 REINSTATEMENT 0662 2 9 7016 R. HUNT 11, E-mail Address: WESTCOPEV @ COMMAST, NET Tobe used for future annual report rolfscalons) 12. I certify that I am an authorized representative/ manager or the receiver or trustee ampowered to execute this application as provided for in Chapter 605, F.S. I further carify that whon filling this reinstatement application the reason for disadution has been eliminated, the limited liability company name satisfies the requirement of section 05.0012, F.S., and that all fees owned 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 logal 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 letory as provided for in a 1713-731-85500 Signature of authorized representative/member	Apt. #, E	SUITE D							
Signature of Registered Agent REGISTERED AGENT MUST SIGN BEZIA N WEST 10. Names and Street Addresses of Authorized Representatives/ Managers Name of Authorized Representatives/ Authorized Representatives/ Managers MGRM BEIAN WEST IISI SW 30 th STREET PALM CITY, FIGRIDA SUITE D 34900 REINSTATEMENT 11. E. mail Address: WESTCODEV @ COMAST. NET (Tobe used for future annual report notifications) 12. I certify that I am an authorized representative/ manager or the receiver or trustee envelored to the limited liability company name satisfies the requirement of section 605.012, 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. I am aware that false information submitted in a document to the Department of state constitutes a third degree leftony as provided for in S. 877.155, F.S. Signature of authorized representative/member 12. Date 12. Date 12. Date 12. Date 12. Date								•	
REGISTERED AGENT MUST SIGN BRZ/A N WEST 10 Names and Street Addresses of Authorized Representatives/Managers Name of Authorized Representatives/Managers Names and Street Addresses of Each Authorized Representatives/Managers Names and Street A	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.								
Titles Names and Street Addresses of Authorized Representatives/Managers Name of Authorized Representatives/Managers Name of Authorized Representatives/Managers Menager Menager Menager Menager Menager Menager Titles Name of Authorized Representatives/Managers Name of Authorized Representatives/Manager Menager PALM CITY, FLORIDA SUITE D 344900 REINSTATEMENT OFF. 2 9 7016 R. HUNT 11. E-mail Address: WESTCO DEV @ COMMAST, NET (Tobe used for future annual report notifications) 12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filling this reinstatement application the reason for disaction has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, 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, 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 authorized representative/member Date Daytime Phone #	Date								
Name of Authorized Representatives/ Managers MGRM BEIAN WEST IISI SW 30 th STREET PALM CITY, FLORIDA SUITE D TILE mail Address: WESTCODEV & COMAST, NET (Tobe used for future annual report notifications) 12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further cortify that when filling this reinstatement application the rescon for dissolution has been eliminated been eliminated for 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 authorized representative/member Daytime Phone #	partie were								
REINSTATEMENT 11. E-mail Address: WESTCO DEV @ COMCAST. NET (Tobe used for future annual report notifications) 12. I certify that I am an authorized representative/manager or the receiver or for trustee empowered to execute this application as provided for in Chapter 605, F.S. I further cartify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felory as provided for in s. 817.155, F.S. Signature of authorized representative/member Daytime Phone #		Titles Name of Authorized Representatives/			Street Address of Each Authorized Representative/		City / State	/ Zip	
REINSTATEMENT DEC 29 7016 R. HUNT 11. E-mail Address: WESTCO DEV @ COMAST. NET (Tobe used for future annual report notifications) 12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further cartify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, 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. I am aware that felse 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 authorized representative/member	MGRM		-			TREET	PALLU CITY,	FLORIDA	
11. E-mail Address: WESTCODEV @ COMICAST, NET (To be used for future annual report notifications) 12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 authorized representative/member						•			
11. E-mail Address: WESTCODEV @ COMICAST, NET (To be used for future annual report notifications) 12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 authorized representative/member			T				anti-		
11. E-mail Address: WESTCODEV @ COMICAST, NET (To be used for future annual report notifications) 12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 authorized representative/member		REINSTATEMENT			1 OEC 2 9 ZUID				
(To be used for future annual report notifications) 12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 authorized representative/member						R. HUNT			
(To be used for future annual report notifications) 12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 authorized representative/member									
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 authorized representative/member									
- Julio Julio II	12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, 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. 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.								