2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 28, 2009
Secretary of State

DOCUMENT# L03000024523

Entity Name: MIRAY GOLDEN, LLC

Current Principal Place of Business:

13618 SW 119 AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

13618 SW 119 AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 20-1311881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MONTES DE OCA, NINOTSCHKA
13618 SW 119 AVE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NINOTSCHKA MONTES DE OCA

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	MONTES DE OCA, NINOTSCHKA (10%)	
Address:	13618 SW 119 AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGR	( ) Delete
Name:	OLIVER, YACQUELINE (10%)	
Address:	13618 SW 119 AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGR	( ) Delete
Name:	MONTES DE OCA, ALFIERI (10%)	
Address:	13618 SW 119 AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGR	( ) Delete
Name:	RODRIGUEZ, AARON (10%)	
Address:	13618 SW 119 AVE	
City-St-Zip:	MIAMI, FL 33186	
Title:	MGR	( ) Delete
Name:	RODRIGUEZ, AGUASANTA (60%)	
Address:	13618 SW 119 AVE	
City-St-Zip:	MIAMI, FL 33186	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NINOTSCHKA MONTES DE OCA MGR 09/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date