PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY
- 2005

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 11 AM 10:51

DOCUMENT # L04000028895

1. Limited Liability Company's Name

ILONKA, LLC

2. Principal Office Address	**3.** Mailing Office Address
881 OCEAN DRIVE	881 OCEAN DRIVE
Suite, Apt. #, etc.: TH 1	Suite, Apt. #, etc.: TH 1
City & State: KEY BISCAYNE, FL	City & State: KEY BISCAYNE, FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 04/08/04

6. FEI Number: 06-1723120 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: HELENA PEREZ

Street Address (P.O. Box Number is Not Acceptable): 881 OCEAN DRIVE

Suite, Apt. #, Etc.: TH 1

City: KEY BISCAYNE State: FL Zip Code: 33149

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: HELENA PEREZ Date: 02/17/05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
FOUNDER	HELENA PEREZ	881 OCEAN DRIVE, TH1 KEY BISCAYNE, FL 33149	KEY BISCAYNE, FL 33149

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11. I certify that I am managing member/manager or the receiver or trustee 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 608.406, 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: HELENA PEREZ Date: 02/17/05 Daytime Phone #: (786) 287-5157

Typed or printed name of signing Managing Member/Manager: HELENA PEREZ