PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	COMPANY STATEMENT) S DIVIS	ecretar SION OF C	TMENT OF STAT y of State corporations	ΓĖ		SECHETARY OF CORE	OVALIONS	
1. Limited	UMENT # LOSOC Liability Company's Name C1LLC) <i>0</i> 0514	32						
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address						CR2E041 (12/07)			
	Annie Street	in = A	122 Annie Street			4. State/Country of Formation			
Suite, Apt.	•	Suite, Apt. #, etc.				Florida 5. Date Organized or Qualified			┨
City & State		City & State				To Do Busi	ness in Florida 9-15	5-2006	
	undo.Florida	Orlando, Florida			ſ	6. FEI Number Applied For Not Applicable			
Zip	Country	Zip	,	Country		7.		Not Applicable \$5.00 Additional Fee require	-4
32.8c	W USA	32806		USA		CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status	
Name and Address of Current Registered Agent Name						 			
Joken Chapman						A \$100 reinstatement fee is imposed, except in circumstances which the entity did not			
Street Address (P.O. Box Number is Mot Acceptable) 122 Annie Street						receive the prior notices. By checking this box, you are certifying the prior notices were			
Suite, Apt. #, Etc.						not received and requesting the \$100			
Orlando, FL				State Zip Code FL 32806			tement be walved.		
9. I, being	appointed the registered agent of the abo	ve named limited	liability co	mpany, am familiar with	and a	ecept the obligat	ions of Chapter 608, F.S.	1	
Signature of Registered	Agent	LUM EGISTERED AGE		SIGN			Date	106	
10. Name	es and Street Addresses of Managing Mer	nbers/Managers							1
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manage			City / State / Zip			
MGR	- Joken Chopman			22 Annie Street			Ortando, F	L 32806	
morm	RICHARD KENT CHAPMAN			122 ANDE STREET			OPLANDO	, F 32906	4
100122970631								70631	
FF \$416.05 R						EINSTATEMENT			
44 1	fy that I am managing member/manager of				AL.		tor in charter COD F C	I further continue that union	ヤ
filing to all fee	ny that I am managing membet/manager of hits reinstatement application the reason to so wed by the limited liability company hav made under oath.	r Meenliman hae h	seen Alimin	isted the limited liability (ഹനവാ	anv name satistie	is the teathtements at sec	NO DEGREE ALDER ES ADOLINAT	
Signature o	\sim l .	Chan	non		1/0	108	Daytime Phone # 401	1-843-2811	
Typed or pa	V rinted name of signing Managing Member	/Manager	Jole	en Chy	ρΥ	nan			
									_