PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secreta	RTMENT OF STAT ary of State corporations		FILED 09 APR -9 PM 4: 26	
DOCUMENT # LD6000 18428 1. Limited Liability Company's Name			T,	SECRETARY OF STATE ALLAHASSEE. FLORIDA	
ARGG, LLC.			03	600147973556 /30/0901045002 **238.75	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2E041 (10/08)	
4680 NW 102ave			4. State	a/Country of Formation	
Suite, Apt. #, etc. #102 Suite, Apt. #, e		5. Date Organized or Qualified To Do Business in Florida 2 2006			
City & State Dorac, FC City & State Miac		ni FL 6. FEI Number,		- 10-100	
Zip Country 33178 USA	33172	Country	7. CERTI	FICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent				•	
Name JOSE GUZMAW				☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
Street Address (P.O. Box Number is Not Acceptable) 4680 NW 102ave			re		
Suite, Apt. #, Etc.			no		
Cily Miami		State Zip Code FL 33178			
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 3 26 09					
10. Names and Street Addresses of Managing Members/Managers					
Titles Name of Managing Members/Manage		Street Address of Managing Member/I	lanager	City / State / Zip	
Ugr Jose Guzman		4680 NW 102ane \$102		Man, FR 33178	
Mgr Edward Gurman		4680 NW 102 ave \$102		Mami, # 33178	
		<u> </u>			
DEINICTATE	RAENT	, M.O.	Call	6001479735 <u>56</u>	
REINSTALEMENT UT 04/08/0901003018 **277.50					
WU9W0/5231					
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 filling 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 Date 326/09 Daytime Phone # Typed or printed name of signing Managing Member/Manager To SE A . Gurman					
Typed or printed name of signing Managing Member/Manager					