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Division of Corporations

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Division of Corporations
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To:

Division of Corporations

Fax Number : ~~(850) 617-6384~~

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561) 694-8107

Fax Number : (561) 694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please****

Email Address: _____

LIMITED LIABILITY REINSTATEMENT CELERITAS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,071.25

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11/22/2016 10:54:16 AM PAGE 1/001 Fax Server



November 22, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CELERITAS, LLC
RONIEL RODRIGUEZ IV PA
20533 BISCAYNE BLVD. #1243
AVENTURA, FL 33180

SUBJECT: CELERITAS, LLC
REF: L06000050827

We have received your document for CELERITAS, LLC and your check(s) totaling \$1071.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.


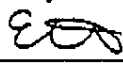
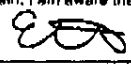
Marquitta Williams
Regulatory Specialist II

FAX Aud. #: H16000286862
Letter Number: 516A00024983

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TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L06000050827 1. Limited Liability Company's Name Celeritas, LLC			
2. Principal Office Address - No P.O. Box # 10960 Wilshire Blvd. Suite, Apt. #, etc. 5th floor City & State Los Angeles, CA Zip Country 90024 US		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 05/16/2006	
6. FEI Number 20-5933582		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status			
8. Name and Address of Current Registered Agent Name eResidentAgent, Inc. Street Address (P.O. Box Number is Not Acceptable) Suite, 236 E 8th Ave. Apt. #, Etc. City State Zip Code Tallahassee FL 32303			
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. Signature of Registered Agent  Date 11/3/16 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Manager	Michael Mailis	10960 Wilshire Blvd. 5th floor	Los Angeles, CA 90024
REINSTATEMENT 2010-2016			
11. E-mail Address: _____ (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. 817.156, F.S.			
Signature of authorized representative/member  Date 11/3/16 Daytime Phone # 310-820-1000 Typed or printed name of signing authorized representative/member Erika Easter			

CR26041 (1/14)

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 TALLAHASSEE, FLORIDA