FILED

19 JUL 17 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

KS

DOCUMENT # L07000005060

1. Limited Liability Company's Name
HEM INVESTMENT, LLC

REINSTATEMENT 2013-19

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
421 Royal Tern S.	1034 Founders Ridge Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Beach, Fl	City & State: McLean, Va
Zip: 32082 Country: USA	Zip: 22102 Country: USA

4. State/Country of Formation: FL/US

5. Date Organized or Qualified To Do Business in Florida: 01/16/2017

6. FEI Number: 20-8237756 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ [redacted]

000332161850
07/18/19--01001--009 **1071.25

8. Name and Address of Current Registered Agent

Name: ERIC FEDEWA

Street Address (P.O. Box Number is Not Acceptable) Suite,
421 Royal Tern S.
Apt. #, Etc.

City: Ponte Vedra Beach, State: FL Zip Code: 32082

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: [signature] Date: July 15, 2019
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	ERIC FEDEWA	1034 Founders Ridge Lane	McLean Va 22102

11. E-mail Address: ericfedewa@gmail.com
(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. 817.155, F.S.

Signature of authorized representative/member: [signature] Date: 7/15/19 Daytime Phone # 703 955-2776

Typed or printed name of signing authorized representative/member: Eric Fedewa

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

19 JUL 17 PM 4:48

EM INVESTMENT, LLC

ignature

equested by: BA

ame

7/17/19
Date

Time

/alk-In _____ Will Pick Up _____

- ____ Art of Inc. File_____
- ____ LTD Partnership File_____
- ____ Foreign Corp. File_____
- ____ L.C. File_____
- ____ Fictitious Name File_____
- ____ Trade/Service Mark_____
- ____ Merger File_____
- ____ Art. of Amend. File_____
- ____ RA Resignation_____
- ____ Dissolution / Withdrawal_____
- ✓ Annual Report / Reinstatement_____
- ____ Cert. Copy_____
- ____ Photo Copy_____
- ____ Certificate of Good Standing_____
- ____ Certificate of Status_____
- ____ Certificate of Fictitious Name_____
- ____ Corp Record Search_____
- ____ Officer Search_____
- ____ Fictitious Search_____
- ____ Fictitious Owner Search_____
- ____ Vehicle Search_____
- ____ Driving Record_____
- ____ UCC 1 or 3 File_____
- ____ UCC 11 Search_____
- ____ UCC 11 Retrieval_____
- ____ Courier_____