Division of Corporations

L08000060037

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

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L. SELLERS

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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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
CAMASON MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 DEC 20 AM 11: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000060347

1. Limited Liability Company's Name
Camason Management, LLC
L08000060347

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
182 Krainewood Drive	PO Box 646
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Moultonborough, NH	City & State: Center Harbor, NH
Zip: 03254 Country: USA	Zip: 03226 Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 1/16/08

6. FEI Number: 262061748 ☐ 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: Janelle Marchand
Street Address (P.O. Box Number is Not Acceptable): 163 Glencullen Circle
Suite, Apt. #, Etc.:
City: Jupiter State: FL Zip Code: 33458

E-mail Address:

jlbrown0221@gmail.com

(To be used for future annual report notices)

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: [signature] Date 12/18/2012

REGISTERED AGENT MUST SIGN Janelle Marchand

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
MGR	Janet Brown	182 Krainewood Drive	Moultonborough, NH 03254
MGR	Janelle R. Marchand	136 Glencullen Circle	Jupiter, FL 33458

REINSTATEMENT 2012

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. 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 Managing Member/Manager: [signature] Date 12/18/12 Daytime Phone # 561-596-4823

Typed or printed name of signing Managing Member/Manager: Janelle Marchand

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