

SECRETARY OF STATE
DIVISION OF CORPORATIONS



2023 MAR 13 PM 12:40

1. Limited Liability Company's Name
M.A.B. CONSULTING, LLC

2848 MONROE STREET

Suite Apt. #, etc

City & State
HOLLYWOOD

33020

Country
U.S.

3. Mailing Office Address

2848 MONROE STREET

Suite, Apt #, etc.

City & State
HOLLYWOOD

33020

Country
U.S.

8. Name and Address of Current Registered Agent

Name
BERK OCAL

Street Address (P.O. Box Number is Not Acceptable) Suite:
2848 MONROE STREET

Adl. & Etc.

City
HOLLYWOOD

State
FL

Zip Code
33020

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 3/10/2023

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
MGRM	BERK OCAL	2848 MONROE STREET	HOLLYWOOD, FL 33020

11 E-mail Address BERK@BERKOCAL.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

Date 03/10/2023

Daytime Phone # 561-704-6478

Typed or printed name of signing authorized representative/member BERK OCAI