L09000099641

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 MAY 28 PM 12:54

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05/28/19--01007--001 **541.25

CR2E041 (1/14)

DOCUMENT # L09000099641

1. Limited Liability Company's Name
STATE GROUP, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3111 N UNIVERSITY DR		3111 N UNIVERSITY DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
STE 105		STE 105	
City & State		City & State	
CORAL SPRINGS		CORAL SPRINGS	
Zip	Country	Zip	Country
33139	US	33139	US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida 10/15/2009

6. FEI Number
27-1125993
☐ 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
ACCOUNTANT & MANAGEMENT, INC.

Street Address (P.O. Box Number is Not Acceptable) Suite
1549 NE 123RD ST

Apt. #, Ste.

City	State	Zip Code
NORTH MIAMI	FL	33161

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 05/14/2019
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
MGRM	MONTI, OSCAR	LAVELLE 887, 2500 CANADA DE GOMEZ	SANTA FE, ARGENTINA AR
MGRM	BAEZ, MARIA E	LAVELLE 887, 2500 CANADA DE GOMEZ	SANTA FE, ARGENTINA AR
MGRM	MONTI, ANDRES	LAVELLE 887, 2500 CANADA DE GOMEZ	SANTA FE, ARGENTINA AR
MGRM	MONTI, MARILINA	LAVELLE 887, 2500 CANADA DE GOMEZ	SANTA FE, ARGENTINA AR
MGRM	MONTI, DANILO	LAVELLE 887, 2500 CANADA DE GOMEZ	SANTA FE, ARGENTINA AR

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. 817.155, F.S.

Signature of authorized representative/member _____ Date MAY 14TH 2019 Daytime Phone # 3055413980

Typed or printed name of signing authorized representative/member DANILO MONTI