

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

14 DEC 30 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name
ORKECHOPPE HOUSE, LLC
(L10000001790)

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 9 NW AVE D Suite, Apt. #, etc.		3. Mailing Office Address 9 NW AVE D Suite, Apt. #, etc.	
City & State BELLE GLADE, FL		City & State BELLE GLADE, FL	
Zip FL 33430	Country USA	Zip 33430	Country USA

4. State/Country of Formation FLORIDA
5. Date Organized or Qualified To Do Business in Florida 01/05/2010
6. FEI Number 275343810

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 LAURA V. GRIFFIN		
Street Address (P.O. Box Number is Not Acceptable) 9 NW AVE D		
Suite, Apt. #, Etc.		
City BELLE GLADE	State FL	Zip Code 33430

700267848957
 12/30/14--01032--009 **238.75

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 **Laura V. Griffin** Date **12-29-14**
 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
MEM	LAURA V. GRIFFIN	9 N.W. AVE D	BELLE GLADE, FL 33430
MEM	JOHN B. GRIFFIN	9 N.W. AVE D	BELLE GLADE, FL 33430
Auth Rep	ANDREW HELGESEN	11300 PROSPERITY FARMS RD. #201	PALM BEACH GARDENS, FL 33410

REINSTATEMENT

DEC 30 2014

11. E-mail Address: **R. HUNT**

(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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager **Andrew Helgesen** Date **12-29-14** Daytime Phone # **561 622 7755**
 Typed or printed name of signing Authorized Representative/Manager **ANDREW HELGESEN, AUTH REP**