FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L11000004467

1. Limited Liability Company's Name
Freedom Management Group LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1000 5th Street	1000 5th Street
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139 Country USA	Zip 33139 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 01/11/2011

6. FEI Number: Applied For ☐ Not Applicable X

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 (Amount must be included for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.:

City: Plantation State: FL Zip Code: 33324

E-mail Address: afox@capehart.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 605, F.S.

Signature of Registered Agent: Margaret E. Routzahn
REGISTERED AGENT MUST SIGN

MARGARET E. ROUTZAHN
Special Assistant Secretary

Date: 11/18/2013

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	ROBERT LIPINSKI	1000 5th Street, Ste 320	Miami Beach, FL 33139

REINSTATEMENT

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R. HUNT

11. I certify that I am managing member/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 requirements of section 605.0108, F.S., and that all taxes 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: 10/31/13 Daytime Phone #: 856-552-4402

Typed or printed name of signing Managing Member/Manager:

FL110 - 05/11/2013 Wolters Kluwer CCH

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT
FREEDOM MANAGEMENT GROUP LLC

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