PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

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C	TED LIAE COMPAN	IY	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			2022 SEP -6 PM 4: 49					
DOCUMENT # L11000014071 1. Limited Liability Company's Name								7811 - 17			
	to Detail						(3) 02/1	:0088165 11/22010210	(4日日日 (27 **3	3 (38.75	
2. Prinapa 2901 SW	ess - No P.O. Box #	3. Mailing Office A 2901 SW 81 T				CR2E041 (1/14) 4. State/Country of Formation					
Suite, Apt,		Şuîte, Apt. #, etc	etc			5. Date Org	Florida/ USA 5. Date Organized or Qualified 03/03/3011				
City & State		City & State				To Do Bi	To Do Business in Florida 02/02/2011				
Davie			Davie				6. FEI Nun 36-468		-	Applied For Not Applicable	
z _{ip} 33328	USA		33328		US	•	7. CERTIFICATE OF STATUS DESIRED		\$5.00 Additional Fee required for a certificate of status		
8. Name and Address of Current Registered Agent Name Alexander O'Rourke							30036165,003 30036555 •••6.0				
Street Address (P.O. Box Number is Not Acceptable) Suite. 2901 SW 81 Terrace Apt. #, Etc. City Cavie State Zip Code 33328							_				
		the registered agent of the at	bove named limited liabili				ccept the obligati				
Registered			REGISTERED AGENT MU	IST SIGN				Date 02/08/20)22		
10. Name	s and Street A	ddresses of Authorized Repri	esentatives/Managers						-		
Titles	Name of			Street Address of Each Authorized Representative/ Manager				Cit	City / State / Zip		
AR	Alexander O'Rourke			2901 SW 81 Terrace			Davie	Davie, FL 33328			
						 		SEP 1	2 202?		
								D CU	SHING		
11, E- mail	Address: ac	oyachts@yahoo.coi									
certify that 605.0012, shall have felony as	t when fiting t , F.S., and the the same leg provided for it	n authorized representative his reinstatement application at all fees owed by the limite pal effect as if made under on his. 817,155, F.S.	manager or the receive in the reason for dissoluted liability company have	er or truste tion has b e been pa	ee er seen sid. T	eliminated, the limithe information indi- n submitted in a doc	ite this application ited liability composited liability composited on this app	pany name satisfies the required plication is true and accurate partment of State constitute.	uirement of se e, and my sign	ection nature ree	
		of signing authorized repre	sentative/member Ale	xander	0'	Rourke		#			
											