


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 16 JUN -8 AM 9:09 SECRETARY OF STATE PALM BEACH, FLORIDA
DOCUMENT # L11000019157 1. Limited Liability Company's Name Veris Benchmarks, LLC				
2. Principal Office Address - No P.O. Box # 162 East Inlet Drive Suite, Apt. #, etc		3. Mailing Office Address 162 East Inlet Drive Suite, Apt. #, etc		CR2E041 (1/14)
City & State Palm Beach, FL		City & State Palm Beach, FL		4. State/Country of Formation FL/USA
Zip 33480	Country USA	Zip 33480	Country USA	5. Date Organized or Qualified To Do Business in Florida 02/14/2011
6. FEI Number 27-5468642				Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a certificate of status				
8. Name and Address of Current Registered Agent Name David Shulman Street Address (P.O. Box Number is Not Acceptable) Suite, 162 East Inlet Drive Apt. #, Etc City Palm Beach				
		State FL	Zip Code 33480	300286653443 06/08/16--01012--022 **337.50
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 <i>[Signature]</i> Date 06/07/2016 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	
AR	DoubleChek LLC	162 East Inlet Drive	Palm Beach, FL 33480	
REINSTATEMENT <i>2012-2016</i>			S. HAWKES JUN - 9 AM EXAMINER	
11. E-mail Address dshulman4@gmail.com				
<small>(To be used for future annual report notifications)</small>				
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 <i>[Signature]</i>		Date 06/07/2016 Daytime Phone # (203) 543-0320		
Typed or printed name of signing authorized representative/member David Shulman, sole Manager of DoubleChek LLC, Authorized Rep.				