

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 DEC 31 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000087507

1. Limited Liability Company's Name

Phytox, LLC

REINSTATEMENT

12

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

11629 Race Track Rd

Suite, Apt. #, etc.

205

City & State

Jacksonville, FL 32259

Zip

32259

Country

FL

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Lee Kellison ESQ

Street Address (P.O. Box Number is Not Acceptable)

6817 South Point Parkway #603

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

E-mail Address:

400243167014

12/31/12--01031--005 **238.75

marklhummedieu@gmail.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 608, F.S.

Signature of

Registered Agent

LEE Kellison

Date

12-28-12

REGISTERED AGENT MUST SIGN

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
man	Mark L'Hummedieu	11629 Race Track Rd #205	Jacksonville, FL 32259
man	Alexander Court	11629 Race Track Rd #205	Jacksonville, FL 32259

DEC 31 2012

S. PRATHER

11. I certify that I am managing member/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 608.406, 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 Managing
Member/Manager

Date

12/28/12

Daytime Phone #

904-616-7355

Typed or printed name of signing Managing Member/Manager