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DEPARTMENT OF STATE
WASHINGTON, D.C.

1. Limited Liability Company's Name

Partnership Name
PARK AVE Beauty Salon LLC

3. Mailing Office Address

427 Bonifay Ave
Suite Apt. # etc

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

Zip	Country
32807	US

Zip	Country
32825	USA

8. Name and Address of Current Registered Agent

Name Yaniris Paredes

Street Address (P.O. Box Number is Not Acceptable) Suite,
427 Boni Faly Ave
Apt # Etc

Apt. #, Etc.

City Orlando

State FL	Zip Code 32825
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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

above named limited liability company am familiar with and

Yarin Fareds

REGISTERED AGENT MUST SIGN

Date 11/19/14

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
Mgr	Yaniris Paredes	427 Bonifay Ave	Orlando FL 32825
Mgr	Joel David Plata	427 Bonifay Ave	Orlando FL 32825

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C. CARROTHERS

11. E-mail Address: Park Ave beauty salon@hotmail.com / JOEL PLATA 28@gmail.com
(To be used for future annual report notifications)

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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

Mani Patel Date: 11/19/16

Daytime Phone # 401-233-7827

Typed or printed name of signing authorized representative/member