file first
*dont separate
please*

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 900839 7982126

AUTHORIZATION : [signature]

COST LIMIT : $ 238.75

ORDER DATE : December 7, 2015

ORDER TIME : 9:31 AM

ORDER NO. : 900839-010

CUSTOMER NO: 7982126

DOMESTIC FILINGS

NAME: SURROGATE DAUGHTER, LLC

RECEIVED
15 DEC 10 AM 10:58
DEPARTMENT OF STATE
NOT INCLUDED
IN ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

FILED
15 DEC 10 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

DEC 11 2015
Y SULKER

L14000029544

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000029544

1. Limited Liability Company's Name
SURROGATE DAUGHTER, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10963 EGRET POINT LANE	10963 EGRET POINT LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH
Zip: 33412 Country: USA	Zip: 33412 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: February 20, 2014

6. FEI Number: 46-4954120 ☐ 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) Suite,
201 HAYS STREET

Apt. #, Etc

City: TALLAHASSEE State: FL Zip Code: 32301

900279981479

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: [signature] REGISTERED AGENT MUST SIGN

Courtney Williams
Asst. Vice President

Date: 12.10.15

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
AMBR	VIRGINIA B. PUDER	10963 EGRET POINT LANE	WEST PALM BEACH, FL 33412

FILED
2015 DEC 10 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11. E-mail Address: Vbpuder@aol.com
(To be used for future annual report notifications)

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: Virginia B. Puder Date: 12/8/15 Daytime Phone #: (201) 638-7841

Typed or printed name of signing authorized representative/member: Virginia B. Puder