

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 APR 26 PM 4:09

DOCUMENT # L14000038562

IC Group LLC

31 Island Dr.

City & State
Key Biscayne FL

Zp
33149

Same

City & State

Zip	Country
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Ref - 2015-2018

CR2EC-41 (1/14)

4. State/Country of Formation Florida

5. Date Organized or Qualified To Do Business in Florida 3-6-14

6. FEI Number	Applied For
61-1746278.	Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **\$5.00 Additional Fee required for a certificate of status**

Name Ivigo Isla

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

31 Island, Wa

Apt #, Etc

City Key Biscayne

State
FL

Zip Code 3149

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 Sec below

Date _____

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
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MGR	Inigo Isla	31 Island Dr.	Key Biscayne, Fl.	33149
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MSR	Andrea Caneco	31 Island Dr.	Key Biscayne, Fl. 33149
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M. MILLIGAN

APR 26 2018

11. E-mail Address

(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

Date 4-19-18 Daytime Phone # _____

Typed or printed name of signing authorized representative/member

$$\begin{array}{r} 7862904962. \\ \# \quad \underline{3055868699} \end{array}$$