2015 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L14000054626

1. Entity Name
HELLO BESTIE BOUTIQUE LLC

FILED
15 DEC 30 PM 10:01

Principal Place of Business	Mailing Address
13760 NW3RD CT MIAMI, FL 33168	13760 NW3RD CT MIAMI, FL 33168

12282015 REIN-LLC CR2E101 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INCORP SERVICES, INC. 17888 67TH COURT NORTH LOXAHATCHEE, FL 33470	Name: Joana Umana Street Address (P.O. Box Number is Not Acceptable): 13760 NW 3rd Ct. City: Miami, Fl FL Zip Code: 33168

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 12/29/15.
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated.) DATE

FILE NOW! FEE IS $238.75
After January 1, 2016, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AMBR URENA, LORENA 13760 NW 3RD CT MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900280469039 12/30/15--01003--005 **238.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AMBR GILL, ALEXUS 670 NE 137TH ST MIAMI, FL 33161	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AMBR UMANA, JOANA 13760 NW 3RD CT MIAMI, FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition S. HAWKES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition DEC 30 A.M. EXAMINER
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 12/29/15 Umana218@Gmail.com
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date EMAIL ADDRESS