## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

## LIMITED LIABILITY COMPANY



Typed or printed name of signing authorized representative/member ;

## FLORIDA DEPARTMENT OF STATE

Secretary of State



28日 HAY 19 附坚F07

REIN	ISTATEMENT	DIVISION OF COR			(014 1001 )	
DOCUMENT # L 14000131665  1 Limited Liability Company's Name  Legion: Invedment, KIL						
:	J					
Principal Office Address - No P.O. Box # 3. Mailing Office Address				CR2EC41 (V14)		
9452 Kclly PJ.  Suite 4pt 2 etc.  Suite 4pt 2 etc.				4 State/Country of	of Formalion FL	
3008.750				5. Date Organized To Do Business	or Qualified	
City & State	<del>.</del>	City & State	· · ·	6. FEI Number	in Florida 8/21/20) 4  Chronied For	
Jack	Sonville, FL 32257			o. : El Number	Not Applicable	
	57 DUY-1	32257	Country	7 CERTIFICATE OF STA	SS.00 Additional Fee required for a certificate of status	
8 Name and Address of Current Registered Agent						
Intessar Khaza)				500356644355   05/19/2101014004 **238.75		
Street Address (P.O. Box Number is Not Acceptable) Street						
Apt , Elc Apt LEIC				· [		
			2.4			
Jaily Jaily Jaily Jaily Jaily Jaily Jaily Jaily State Zip Code FL 3,257						
9 I, bein	ng appointed the registered agent of the ab	we named limited liability con	npany, am familiar with and acce	ept the obligations of	Chapter 605, F.S	
Signature of Registered Agent REGISTERED AGENT MUST SIGN					Date 5/11/2021	
10 Names and Street Addresses of Authorized Representatives/Managers						
Titles	Name of Authorized Representatives/ Authorized Representatives/ Authorized Representatives/ Managers Manager		e/	City / State / Zip		
H'M	Interpar Kha-	2.1 949	2 Kells fd		Jacksonville, FL 32257	
					R. HUNT	
	REINSTAT	EMENI		R. HOR		
			<del></del>			
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. Efurther certify that when filling this reinstatement application the reason for dissolution has been eliminated, the limited flability 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						
Signature of authorized representative/member						