PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT 2016 - 2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 MAR 31 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000121187

1. Limited Liability Company's Name

United Solutions Group I, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1405 Long Ave.		1405 Long Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Port St. Joe, FL		Port St. Joe	
Zip	Country	Zip	Country
32456	U.S.	32456	U.S.

CR2EM1 (1/14)

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 7/15/2015

6. FEI Number
47-4646474
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for Certified Copy

8. Name and Address of Current Registered Agent

Name
United States Corporation Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
13302 Winding Oak Court

Apt. #, Etc.
Suite A

City
Tampa

State
FL

Zip Code
33612

800297438638
03/31/17--01046--012 **377.50

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 CM Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc. Date 2/17/2017

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
AR	Edward T. O'Shea	1405 Long Ave.	Port St. Joe, FL 32456

11. E-mail Address: toshea@u-s-i-group.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 605.0108, 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 Edward T. O'Shea Date 12/20/16 Daytime Phone # (678)684-1179

Typed or printed name of signing authorized representative/member Edward T. O'Shea

K. ASHTON