

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

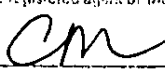
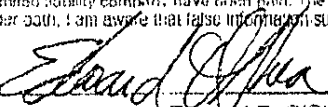
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/31/17--01046--012 **\$77.50

LIMITED LIABILITY COMPANY REINSTATEMENT 2016-2017		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		DOCUMENT # L15000121187	
1. Limited Liability Company's Name United Solutions Group I, LLC					
2. Principal Office Address - No P.O. Box # 1405 Long Ave. Suite Apt. #, etc.		3. Mailing Office Address 1405 Long Ave. Suite Apt. #, etc.		4. State/Country of Formation FL	
City & State Port St. Joe, FL		City & State Port St. Joe		5. Date Organized or Qualified To Do Business in Florida 7/15/2015	
Zip 32456	Country U.S.	Zip 32456	Country U.S.	6. FEI Number 47-4646474	
7. Name and Address of Current Registered Agent Name United States Corporation Agents, Inc. Agent's Address (P.O. Box Number is Not Acceptable) State, 13302 Winding Oak Court Apt. #, Etc. Suite A City Tampa				7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee Yes ☒ No ☐	
8. I am filing as 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  Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc. Date 2/17/2017 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Authorized Representatives/Managers					
Title AR	Name of Authorized Representative/Manager Edward T. O'Shea	Street Address of Each Authorized Representative/Manager 1405 Long Ave.	City / State / Zip Port St. Joe, FL 32456		
10. E-mail Address: toshea@u-s-i-group.com					
(To be used for future annual report notifications)					
11. I certify that I am an authorized representative/manager or the dissolver 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 12/20/16 Daytime Phone # (678) 684-1179 Typed or printed name of signing authorized representative/member Edward T. O'Shea					

K. ASHTON