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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 11, 2016 08:00 AM
Secretary of State

DOCUMENT# L15000185768

1. Limited Liability Company's Name
Aramis LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
200 S BISCAYNE BLVD	200 S BISCAYNE BLVD
Suite, Apt. #, etc.: 39TH FLOOR	Suite, Apt. #, etc.: 39TH FLOOR
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: UNITED STATES	Zip: 33131 Country: UNITED STATES

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 11/03/2015

6. FEI Number: 47-5536107 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI SERVICES INC.

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1200 S PINE ISLAND RD

Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

Replacement copy, original was not archived. SRP 4/27/17

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 _____ 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
MGR	BOCCOLINI, MARA	6767 Collins Avenue, apt 409	Miami Beach, Fl 33141

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.

DocuSigned by:

Signature of authorized representative/member _____ Date _____ Daytime Phone # _____

Typed or printed name of signing authorized representative/member: MARA BOCCOLINI

4/27/17 FLORIDA DIVISION OF CORPORATIONS 12:49 PM

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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4003

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CONTACT: KIM LAUGHREY
PHONE: (614)280-3338 FAX #: (954)208-0845

NAME: ARAMIS LLC
AUDIT NUMBER.....H16000279134
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CERT. OF STATUS..0 PAGES..... 2
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