## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

COMPANY	A DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS	FILED 2024 FEB 28 PM 12: 22
DOCUMENT # L 1900 28293  1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FL
Upchuren Kenlty LLC		900424835140 02/23/2401022013 **239.73
Principal Office Address - No P.O. Box # 3. Mailing Of	fice Address	CR2E041 (1/14)
410 N Walter Ave 410	n. Walten Auc	4. State/Country of Formation
Suite, Apt. #, etc. Suite, Apt. #,	etc.	5. Date Organized or Qualified
City & State City & State		To Do Business in Florida 5/11/2019
Tarpan Springs FL Terpon Springs FL		6. FEI Number Applied For Not Applicable
34689 USA 34689 Country		7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a certificate of status
8. Name and Address of Current Registered Agent		
Mariet Max Openur		
Show Address (D.O. Boy Number is Not Acceptable) Suite		EINSTATEMENT
Apt. #, Etc.		ETT AC EURE EVIAGENTA E
City  State  Sta		2024
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 1/5/24  REGISTERED AGENT MUST SIGN		
10. Names and Street Addresses of Authorized Representatives/Managers		
Titles Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representativ Manager	
MOR Garret Max Upensien	40 A. Walton Au	Turpon Springs FL, 3468
		FEB 2 8 2024
		M. WILLIAM?
11. E-mail Address: Max Well 478 or gm u. 1. Lum  (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 filling 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 felse information submitted in a document to the Department of State constitutes a third degree		
Signature of authorized representative/member		