PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2023 SEP 18 PM 1:27

DOCUMENT # L22000264951

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CR2E041 (1/14)

1. Limited Liability Company's Name

Storm USA LLC

2. Principal Office Address - No P.O. Box #
257 Monklunn Dr

Suite, Apt. #, etc.

City & State
Venice, Fl 34275

Zip 34275 | Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. State/Country of Formation
Florida USA

5. Date Organized or Qualified To Do Business in Florida 6/9/2022

6. FEI Number 88-2845338 | Applied For | Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name
Lance Thompson

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.
2381 NE 14th St #204

City
Pompano

State FL | Zip Code 33062

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 [signature] Date 8/22/2023
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
CEO/Owner	Robert Meyers	4917 Ayrenees Pass Bee Cave, TX 78738	

A. PARISHANI
SEP 18 2023

11. E-mail Address: admin@stormusa.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 605.0012, 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 [signature] Date 8/22/2023 Daytime Phone # 303 419 9056

Typed or printed name of signing authorized representative/member