

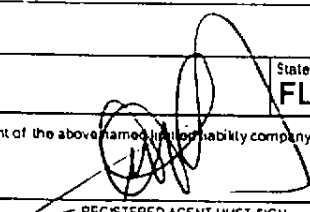
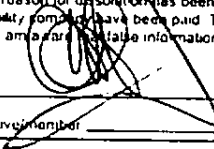
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2024 SEP -5 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

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03/19/24--01009--001 **377.50

CR2641 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L22000534604			
1. Limited Liability Company's Name OUALIE MARKETING LLC			
2. Principal Office Address - No P.O. Box # 2226 KYLAR DR NW		3. Mailing Office Address 2226 KYLAR DR NW	
State Apt. #, etc.		State Apt. #, etc.	
City & State PALM BAY, FL		City & State PALM BAY, FL	
Zip 32907	Country USA	Zip 32907	Country USA
4. State/Country of Formation FLORIDA			
5. Date Organized or Qualified To Do Business in Florida 12/22/2022			
6. FEI Number 92-1486037		Accepted 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 Gerald A Browne			
Street Address (P.O. Box Number is Not Acceptable) Suite 2226 KYLAR DR NW			
Apt. # Etc.			
City PALM BAY		State FL	Zip Code 32907
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 8/30/2024			
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
MBR	ANGELIQUE BROWNE	2226 KYLAR DR NW	PALM BAY, FL 32907
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 605.09(12), 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 8/30/24	Daytime Phone # 977-207-8404
Typed or printed name of signing authorized representative/member			