PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L95 000000111

LIMITED LIABILITY COMPANY / FLORIDA ... INSTRUMENT

Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUL 25 PM 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****400.00 ****400.00

DOCUMENT # L95000000111

1. Limited Liability Company's Name

Biangi Financial Group, L.C.

2. Principal Office Address		**3.** Mailing Office Address	
6800 SW 40th Street		6800 SW 40th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
455		455	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33155	USA	33155	USA

4. State/Country of Formation
Florida/ USA

5. Date Organized or Qualified To Do Business in Florida 2-08-1995

6. FEI Number 650554634 ☐ 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
Luis A. Alvarez

Street Address (P.O. Box Number is Not Acceptable)
6800 SW 40th Street

Suite, Apt. #, Etc.
455

City | State | Zip Code
Miami, | FL | 33155

REINSTATEMENT 97-02

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Luis A. Alvarez	6800 SW 40th Street, Suite 455	Miami, FL 33155
MGR	Marielle L. Alvarez	6800 SW 40th Street, Suite 455	Miami, FL 33155
MEM	Gina A. Alvarez	434 Rovina Ave.	Coral Gables, FL 33156
MEM	Blanca I. Alvarez	434 Rovina Ave.	Coral Gables, FL 33156
MEM	Luis A. Alvarez Family, L.C.	6800 SW 40th Street, Suite 455	Coral Gables, FL 33156

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of Managing Member/Manager _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____