PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

300413TT6613
08/11/23--01002--002 **238.75

DOCUMENT # M19000012183

1. Limited Liability Company's Name
SCARLET OAK CAPITAL, LLC

CR2E041 (1/14)

FILED
2023 AUG 11 AM 8:13

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8335 SW 152ND AVE	
Suite Apt. # etc.: B103	Suite Apt. # etc.
City & State: MIAMI, FL	City & State
Zip: 33193 / Country	Zip / Country

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 12-19-2019

6. FEI Number: 38-4028288 ☐ 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: CAPITOL CORPORATE SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable) Suite:
515 E. PARK AVE

Apt. # Etc:
FLOOR 2

City: TALLAHASSEE | State: FL | Zip Code: 32301

REINSTATEMENT
2023

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: Kim Tadlock — Kim Tadlock, as Asst. Secretary — Date: 8/10/2023

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
MBR	FERNANDO PALAFOX	8335 SW 152ND AVE #B103	MIAMI, FL 33193

11. E-mail Address: joelizz@yahoo.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: _____ Date: 08/08/2023 Daytime Phone #: 305 965-2302

Typed or printed name of signing authorized representative/member: Fernando G Palafox, Creditor

8/11/2023

CAPITOL SERVICES

Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 8/10/2023

Trans#: 1378091

Entity Name: SCARLET OAK CAPITAL, LLC - M19000012183

Articles of Incorporation ( )

Articles of Dissolution ( )

Conversion ( )

Foreign Qualification ( )

Limited Partnership ( )

Reinstatement (XXX)

Other ( )

Amendment ( )

Annual Report ( )

Fictitious Name ( )

Limited Liability ( )

Merger ( )

Withdrawal / Cancellation ( )

Partnership Registration ( )

STATE FEES PREPAID WITH CHECK #3440 FOR $238.75

PLEASE RETURN:

Certified Copy ( ) Plain Stamped Copy (XXX)

Good Standing ( ) Certificate of Fact ( )