

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

(1)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

00 NOV -8 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M48000001623

1. Limited Liability Company's Name

Camber Companies Southeast, LLC

REINSTATEMENT 2000

2. Principal Office Address

1931 W. Dr. Martin Luther King Dr.

Suite, Apt. #, etc.

Suite A

City & State

Tampa, FL

Zip

33607

Country

USA

3. Mailing Office Address

95 Glastonbury Blvd.

Suite, Apt. #, etc.

Third Floor

City & State

Glastonbury CT

Zip

06033

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

12/28/1998

6. FEI Number

59-3546682

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Louise B. Smith

Louise B. Smith

REGISTERED AGENT MUST SIGN

Date 11/07/00

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
MGRM	Camber Companies, LLC	95 Glastonbury Blvd. Third Floor	Glastonbury, CT 06033

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

Susan Y. Campbell

Date 11/11/2000

Daytime Phone # 860 652 2116

Typed or printed name of signing Managing Member/Manager

Susan Y. Campbell, Secretary

CR2041 (9/99)



ACCOUNT NO. : 072100000032

REFERENCE : 889450 5053065

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 155.00

ORDER DATE : November 7, 2000

ORDER TIME : 10:15 AM

ORDER NO. : 889450-005

CUSTOMER NO: 5053065

CUSTOMER: Ms. Susan Campbell, Esq.
CAMBER COMPANIES
CAMBER COMPANIES
95 Glastonbury Blvd.
3rd Floor
Glastonbury, CT 06033

DOMESTIC FILING

NAME: CAMBER COMPANIES SOUTHEAST,
LLC

EFFECTIVE DATE:

600003456946--1

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOV 10 10:42 AM
TO ACHIEVE
SUFFICIENCY OF FILING