

FILED

09 OCT 22 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706000101635

1. Limited Liability Company's Name

FERMAT SOLUTIONS

W9-42840

300160686593
09/15/09--01032--010 **377.50D05-4500453-1000068796
DEPOSIT ONLY 450.00
09/15/09--01032--001
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

16283 S.W. 47 Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 340515

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Austin, TX

Zip

33027

Country

Broward

Zip

78734

Country

Travis

4. State/Country of Formation

FL / Broward

5. Date Organized or Qualified
To Do Business in Florida

July 2006

6. FEI Number

20-5233322

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

Julian Pachon

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

16283 S.W. 47 Ct.

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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10/28/09--01013--010 **72.50

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

REGISTERED AGENT MUST SIGN

Date

Sep 4/09

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 |
|--------|--------------------------------------|---|--------------------|
| P | Julian Pachon | 2945 Grimes Ranch Rd Austin, TX 78732 | Austin, TX 78732 |
| VP | Libertad Montealegre | 2945 Grimes Ranch Rd Austin, TX 78732 | Austin, TX 78732 |
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09/15/09 01032 001 **377.50

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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

Sep 4/09

Daytime Phone# 512-9194117

Typed or printed name of signing Managing Member/Manager

JULIAN PACHON