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M. THOMAS EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Interstate Restoration, LLC	
(Name of Lim	ited Liability Company)
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are st liability company to transact business in Florida	ability Company for Authorization to Transact Business in about the above referenced foreign limited
Please return all correspondence concerning this n	natter to the following:
Kim Hatchett	
(Na	ame of Person)
Interstate Restoration, LLC	
(Fi	rm/Company)
5700 Stratum Drive	(Address)
	(Address)
Fort Worth, Texas 76137	
(City/St	rate and Zip Code)
For further information concerning this matter, ple	rase call:
Kim Hatchett	at (817) 293-0035
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum{125.00 Filing Fee}\$ \$\sum{130.00 Filing Fee & Certificate of the following amount:} \$\sum{130.00 Filing Fee & Certificate of the following amount:} \$\sum{130.00 Filing Fee}\$	\$155.00 Filing Fee & \$\Bigsquare\text{\$160.00 Filing Fee, Certificate}\$ Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

_	Interested Posteration IIC
1.	Interstate Restoration, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
COI	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written nsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability ompany," "L.L.C.," "LLC.")
2	Colorado 3. 20-8487188
7	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4.	02/08/07 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6	None
٥.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	5700 Stratum Drive, Fort Worth, Texas 76137
	CCR AR
	(Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here
9.	The name and usual business addresses of the managing members or managers are as follows:
	Stacy Mazur and Chris Sinclair, 162 Adams St., Suite 201, Denver,
	Colorado 80206
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in ejurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a instation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	Restoration and Commercial Construction
	Chi Sind
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

Chris Sinclair

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
Interstate Restoration, LLC			
If name unavailable, the alternate name to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:			
Registered Agents Legal Services, LLC (Name)			
155 Office Plaza Drive, Suite A Florida Street Address (P.O. Box NOT ACCEPTABLE)	99 SE		
Tallahassee FL 3330) City/State/Zip	MAR 26 A		
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment accept agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes. (Signature)			

Filing Fee for Application

Certified Copy (optional)

Designation of Registered Agent

Certificate of Status (optional)

\$ 100.00

\$ 25.00

\$ 30.00

\$ 5.00



DEPARTMENT OF STATE

CERTIFICATE

I, BERNIE BUESCHER, SECRETARY OF STATE OF THE STATE OF

COLORADO HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THIS

OFFICE,

INTERSTATE RESTORATION LLC (COLORADO LIMITED LIABILITY COMPANY)

BECAME ORGANIZED UPON FILING ARTICLES OF ORGANIZATION DATED FEBRUARY 08, 2007.

Dated: March 10, 2009

SECRETARY OF STATE