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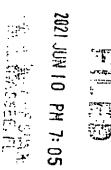
	(Requestor's Name)	
· 	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	<u>.</u>
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	s to Filing Officer:	1
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COVER LETTER

TO:	Registration Se Division of Co								
SHR	ЈЕСТ:	JM RESTOR	ATIOI	N EXPER	TS INC				
JUIN	<u></u>	Name of co	orporat	tion - mu	st include suffix				_
Dear !	Sir or Madam:								
"Certi	ficate of Existen	tion by Foreign Corpoce," or "Certificate of G gn corporation to trans	Good S	Standing"	and check are sub				
Pleaso	return all corres	pondence concerning t	his ma	tter to the	: following:				
		JOSE OLIVE	IRA						
			Name	of Perso	1				_
		JM RESTOR	ATION	LEXPERT	'S INC				
			Firm/C	Company	,				
		6092 PINEHURS	DRIV	'E 				~	
				ldress				021	
		SPRINGHILL FLO					12.5	<u> </u>	##### ################################
			-	te and Zip				0	و مستح
		JMRESTORATION E-mail address: (to	=			notification)	eases eases	<u> </u>	- 554
For fu	rther information	concerning this matte			ure annuar report i	iouncation)	の利用の	7: 05	(D)
WAL	ACE LANGAME	at (781) 31	6-4829				
	Name of Perso	on	Area (Code	Daytime Telep	hone Numbo	er		
	Registration So Division of Co The Centre of	rporations Tallahassee oe Street, Suite 810			MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7			
		the following amount		יאיר איני	יויי ג יוי				
	make check payan 0.00 Filing Fee	S78.75 Filing For Certificate of St	e &	□ \$78.	75 Filing Fee & lified Copy		0 Filing icate of ied Cop	f Statu:	s &
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APR 1 4 2021

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavai	lable in Florida, enter alternate corporate na	me adopted for the purpose of transacting busine	ss in Florida)		
MASSACHUSETTS 46-217-3447					
(State or count	ry under the law of which it is incorporated		ı		
4. (Date of incorporation) 6. 03/03/2021		5(Date of duration, if other than perpetual)			
	(SEE SECTIONS 607.1501 & 60	is in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability)			
	·	office street address)			
6092 PINEHUR:	ST DRIVE SPRINGHILL FLORIDA 3460	•			
	(Current ma	iling address, if different)			
8. Name and stree	et address of Florida registered agent: (2.O. Box NOT acceptable)	2021 JUN 10 PM 7: 05		
Name:	JOSE OLIVEIRA				
Office Address:	6092 PINEHURST DRIVE				
	SPRINGHILL	, Florida 34606 (Zip code)	700 1		
	(City)	(Zip code)	^무 를 05		
	ent's acceptance: ed as registered agent and to accept se	rvice of process for the above stated corpora atment as registered agent and agree to act	ation at the place		

under the law of which it is incorporated.

A. DIRECTORS	•					
□Chairman	Name:	□Chairman	Name: JOSE OLIVEIRA Name: 6092 PINEHURST DRIVE Address.			
□Vice Chairman	6092 PINEHURST DRIVE	□ Vice Chairman				
□Director	SPRINGHILL FLORIDA 34606	□Director	SPRINGHILL FLORIDA 34606			
President		□President				
□Vice President		□Vice President	-1			
□Secretary	□Treasurer	☐ Secretary	■ Treasurer			
□Other	□Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
	Address: 6092 PINEHURST DRIVE		Address: 6092 PINEHUST DRIVE			
□ Director	SPRINGHILL FLORIDA 34606	□ Director	SPRINGHILL FLORIDA 34606			
□President						
		□ President				
₩ Vice President		□ Vice President	·			
□Secretary	□Treasurer	Secretary				
□Other	Other	□Other	Dother S S			
□Chairman	Name:	□Chairman	5 6			
	Address: 6092 PINEHURSTD DRIVE	□Vice Chairman				
Director	SPRINGHHILL FLORIDA 34606	□Director	· 05			
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
□Other	□Other	Other	Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12						
Signature of Director or-Officer PASILIEM 1 The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or						

(Typed-or-printed name and capacity of person signing application)?

s.817,155, F.S.

she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts, 02183

April 28, 2021

TO WHOM IT MAY CONCERN:

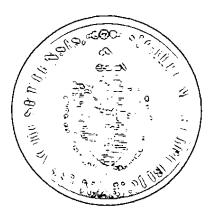
I hereby certify that according to the records of this office,

JM RESTORATION EXPERTS, INC.

is a domestic corporation organized on **March 4, 2013**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.





In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

Processed By: IL