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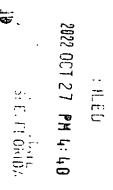
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Special Instructions to Filing Officer:				





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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Elite Terrazzo Restoration LLC Name of Limited Liability Company				
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.				
Please return all correspondence concerning this matter to the following:				
Aaron Martin Name of Person				
Elite Terrazzo Restoration LCC Firm/Company				
543 Alpine Ridge Loup				
Davenport F1. 33897 City/State and Zip Code				
info a eliteterrazzolle. Lom E-mail address: (10 be used for future annual report notification)				
For further information concerning this matter, please call:				
Area Code Daytime Telephone Number				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303				
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array} \$125.00 \text{ Filing Fee} & \Begin{array} \$130.00 \text{ Filing Fee} & \Begin{array} \$155.00 \text{ Filing Fee} & \Begin{array} \$1560.00 \text{ Filing Fee}, \text{ Certificate} \text{ of Status & Certified Copy} \end{array} On the content of the following amount: Continue of Status Certified Copy Certified Copy				

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

'N COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREJON TEN COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	III ELƏ LIABILI
1. Elite Terrazzo Restoration LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," L.E.C., of Elect.)	
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.	C," or "LLC.")
V=22 22 22 21 2	
2. New Hamshire (Jurisdiction under the law of which foreign limited liability company is organized) 3. 0 10 20 7 (FEI number, it applicable)	
4. HOC. 1. 1. 1. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
	. /
5 543 Alpine Ridge Coop 6. 543 Alpine Ridge (Street Address of Principal Office) 6. (Mailing Address)	
Surenport fl. 33897 6. 543 Alpine Ridge Loop 6. 543 Alpine Ridge (Mailing Address) Davenport fl. 33897 Davenport fl. 33897	897
1 Swellport +1: 33011	9095
	<u> </u>
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	. ii.!
7. Name and street address of Florida registered agent. (1.0. Box 10.7 acceptable)	1660 27 PM
Name: Agron Martin	8 ተ፡ ተ8
· ·	9 1
Office Address: 543 Alpine Ridge Loop	
Equen port Florida 33897 (Zip code)	
(City) (Zip code)	
Registered agent's acceptance:	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Aaron Martin	Manager	Name: Karl Schlichte
□Member	Address: 543 AIPIne	□Member	Address: 68 Stiles Rd
□Authorized	Ridge Loup	□Authorized	Suite C
Person	Davenport fl. 33897	Person	Salem WH 03079
□Other	Other	□Other	Other
□Manager	Name: Joannelle Martin	□Manager	Name: Gayle Silvestro
□Member	Address: 543 Alaine	□Member	Address: Les Sties Rd
Authorized	Ridge Loop	DAuthorized	Suite C
Person	Davenport fl. 33897	Person	Salem. NH 03079
□Other	Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
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.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any 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 an authorized person

Aaron Martin

Typed or printed name of signee

State of New Hampshire Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that ELITE TERRAZZO RESTORATION LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on October 27, 2021. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business 1D: 884544

Certificate Number: 0005885255



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 18th day of October A.D. 2022.

Sanid M. Sanalan