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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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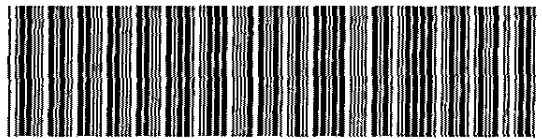
(Business Entity Name)

(Document Number)

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2004 OCT - 1 PM 12:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN OCT 5 2004

ELLIAS & ELIAS, P.C.

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September 28, 2004

Registration Section
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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2004 OCT - 1 PM 12:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE: Statewide Disaster Restoration South, L.L.C./LLC General
Our File No.: 5591.001

Dear Sir or Madam:

Enclosed please find the following:

1. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
2. Certificate of Designation of Registered Agent/Registered Office;
3. Original Certificate of Existence for Statewide Disaster Restoration South, L.L.C.
4. A check made payable to the Florida Department of State for the filing fee.

After this application is filed, please provide me with the Letter of Acknowledgment which should be sent to the address on this letterhead. I have enclosed a self-addressed envelope for your use.

If you have any questions or comments, please feel free to contact me.

Very truly yours,

ELLIAS & ELIAS, P.C.


Jane Elias, Esq.

JE/cmp

Enclosures

cc: Mr. Adam Becker (w/o enclosures)

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:

1. Statewide Disaster Restoration South, L.L.C.
(Name of foreign limited liability company)
2. Michigan
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-1300596
(FBI number, if applicable)
4. May 27, 2004
(Date of Organization)
5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 8/04
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.135, F.S.))
7. 22310 Telegraph Road
Southfield, MI 48034
(Street address of principal office)

8. 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:

Mr. Adam Becker

Statewide

22310 Telegraph Road

Southfield, MI 48034

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: General Contractor -

Insurance Repairs

Adam Becker
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.)

Adam Becker

Typed or printed name of signee

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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:

State Disaster Restoration South, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Bob Benson

(Name)

2447 Bee Ridge Road

Florida street address (P.O. Box **NOT** ACCEPTABLE)

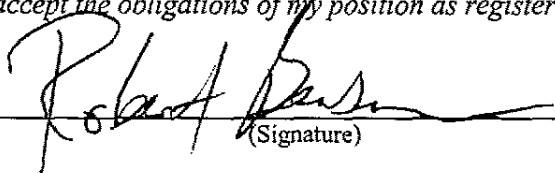
Sarasota

FL

34239

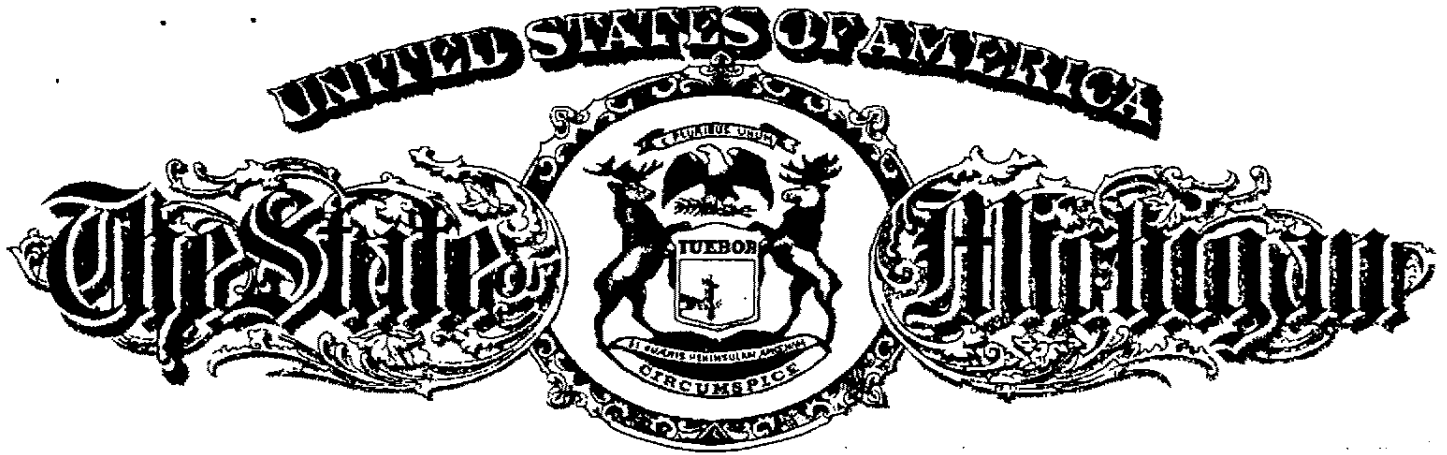
(City/State/Zip)

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 certificate, 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 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, F.S.


(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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CLERK OF CORPORATIONS
TALLAHASSEE, FLORIDA



Lansing, Michigan

This is to Certify That

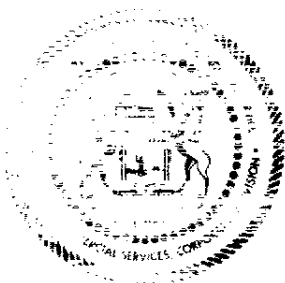
STATEWIDE DISASTER RESTORATION SOUTH, L.L.C.

was validly organized on May 27, 2004 as a Limited Liability Company. Said Limited Liability Company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23, as amended, to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

*In testimony whereof, I have hereunto set my hand,
in the City of Lansing, this 24th day of September, 2004*



Andrew L. Mitchell
Bureau of Commercial Services

,Director