

M09000004615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

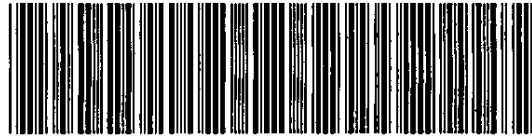
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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809 A10036313

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11/19/09--01024--019 \*\*25.00

11/08/09--01011--005 \*\*130.00

FILED  
09 NOV 26 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

NOV 10 2009

EXAMINER

W09 50055



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 12, 2009

M DIXIE COLLINS  
503 C LIGON DRIVE  
NASHVILLE, TN 37204

SUBJECT: RESTORE-ONE CORPORATE, LLC  
Ref. Number: W09000050055

We have received your document for RESTORE-ONE CORPORATE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 409A00035404

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Restore-One Corporate, 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:

M. Dixie Collins  
Name of Person

Restore-One Corporate, LLC  
Firm/Company

503 C Ligon Drive  
Address

Nashville, TN 37204  
City/State and Zip Code

dixiecollins@restore-one.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. Dixie Collins at ( 615 ) 369-5200  
Name of Person Area Code & Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

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

1. Restore-One Corporate, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Tennessee 3. 32-0227083  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 03/24/2006 5. Perpetual  
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. n/a  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 503 C Ligon Drive Nashville, TN 37204  
9125 Parkers Landing #6 Orlando, FL 32824-8037  
(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:

Richard A. Collins 503 C Ligon Drive Nashville, TN 37204

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: \_\_\_\_\_

Restoration Contractor

M. Dixie Collins  
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.)

M. Dixie Collins

Typed or printed name of signee

FILED  
09 JUN 28 AM 10:30  
STATE OF FLORIDA  
NASHVILLE, FLORIDA

09 NOV 23 AM 10:30  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the Limited Liability Company is:

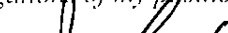
If unavailable, the alternate to be used in the state of Florida is:

\_\_\_\_\_  
(Name) John VIDA, JR

9125 PARKERS LANDING # 6  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Orlando FL 32824-8037  
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, Florida Statutes.*

obligations of my position as registered agent as provided in the  
  
 \_\_\_\_\_  
 (Signature)

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



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
312 Rosa L. Parks Avenue  
6th Floor, William R. Snodgrass Tower  
Nashville, TN 37243

**Raymond Weaver**  
503-C Ligon Drive  
Nashville, TN 37204 USA

November 6, 2009

**Request Type: Certificate of Existence/Authorization**  
Request #: 0002376

Issuance Date: 11/06/2009  
Copies Requested: 1

**Document Receipt**

Receipt #: 17493  
Payment-Cash - Raymond Weaver, Nashville, TN

Filing Fee: \$20.00  
\$20.00

**Regarding: RESTORE-ONE CORPORATE, LLC**  
Filing Type: Limited Liability Company - Domestic  
Charter/Qualification Date: 03/24/2006  
Status: Active  
Duration Term: Perpetual

Control #: 516630  
Date Formed: 03/24/2006  
Jurisdiction: Davidson County  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that

**RESTORE-ONE CORPORATE, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

- \* has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination.

**FILED**  
**09 NOV 23 AM 10:30**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Tre Hargett, Secretary of State  
Business Services Division