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(Requestor's Name)
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. PICK-UP WAIT MAIL
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J. SAULSBERRY EXAMINER

JUL 5 2012

COVER LETTER

TO:

SUBJI		te , LLC me of Limited Liability Company	-		
		pility Company for Authorization to Transact Business i bove referenced foreign limited liability company to trai			
Please	return all correspondence concerning this ma	atter to the following:			
	M. Dixie Collins				
		Name of Person			
	Restore-One Corporate F		_20	<u> </u>	
		Firm/Company	NE J	2917 JUL -3	· • · • ;
	P O Box 41616			ہے۔ ار	
		Address	.333 10 A		<u>[</u>
	Nashville, TN 37204		FLOI FLOI	新安	T
		City/State and Zip Code	- AG (7)	30	
	dixiecollins@restore-c	one.com to be used for future annual report notification)			
For fu	ther information concerning this matter, plea	ase call:			
	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			

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing
Members of RESTORE - ONE CORPORATE, LLC
(Name of Limited Liability Company)
a limited liability company duly organized and existing under the laws of
Wyoning.
(State or Country of Organization)
Because the name of this foreign limited liability company does not satisfy the
requirements of the s. 608.406, F.S., the limited liability company hereby adopts the
following name to transact business in the state of Florida:
RESTORE - ONE CORPORATE GIROUP UC.
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LI.C.)
Date: 6/20/12
Signature(s) of Manager(s) and/or Managing Member(s):
Mor Rick Collins 500
Mary VIDA, JAM 8
THOMAS DENVIS

STATE OF WYOMING Office of the Secretary of State

1, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Restore-One Corporate, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 20, 2012**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2012-000619152**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 21st day of May, 2012 at 12:25 PM. This certificate is assigned 012107011.



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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.

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

IN COMPILANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

AWITEDIANIET CONTAIN TO INVESTIGATION BY THE STATE OF FROMON.	
Restore One Corporate ., LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "	11 C '' or "11 C ")
RESTORE-ONE CORPORATE GROUP, LLC	E.E.C., Of EEC.
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida	
consent of the managers or managing members adopting the alternate name. The alternate name must Company," "L.L.C." "L.L.C.")	st include "Limited Liability
2. Wyoming 3. 45-4806329	
(Jurisdiction under the law of which foreign limited liability (FEI number, if are company is organized)	oplicable)
4. 03/20/2012 5. Perpetual	
(Date of Organization) (Duration: Year limited liability exist or "perpetual")	y company will cease to
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)	2. Sec. 2. Sec
7. 1623 Central Avenue ste 18 Cheyenne, WY 82001	
503 C Ligon Drive Nashville, TN 37204	-3 -3 -3
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here 🔽	EGNIOA SIGNE
9. The name and usual business addresses of the managing members or managers a	are as fol:
Richard A Collins P O Box 41616 Nashville, TN 37204	
Thomas Dennis P O Box 41616 Nashville, TN 37204	
John Vida, Jr 350 Algiers Avenue SE Palm Bay, FL 32909	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is translation of the certificate under eath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Restoration contractor	,
ViV)	
Signature of a member or an authorized representative of a m	nember.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an af penalties of perjury that the facts stated herein are true. I am aware that any false information document to the Department of State constitutes a third degree felony as provided for Thomas Dennis	ation submitted in a

Typed or printed name of signee

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:		
Restore One Corporate ., LLC		
If unavailable, the alternate to be used in the state of Florida is:		
RESTORE UNE CORPORATE GROUP, LLC		
2. The name and the Florida street address of the registered agent and office are:	:2012 <u>:</u> 3úl	*** _
Restore One Corporate / John Vida, Jr		, i
(Name)	င်	1
350 Algiers Avenue SE	Ē	-
Florida Street Address (P.O. Box NOT ACCEPTABLE)	æ 30	•
Palm Bay _{FL} 32909	`	
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 register 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)	ed	

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