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SECRETARY OF STATE DIVISION OF CORPGRATION

119-35-176

AUG 2 9 2012 T. HAMPTON

COVER LETTER

	tration Section on of Corporations	
SUBJECT: C	CRS Complete Recov	
	Na	me of Limited Liability Company
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return al	Il correspondence concerning this m	atter to the following:
	Edward Cammarata	
		Name of Person
	CRS Complete Recovery	Systems LLC
		Firm/Company
	1278 Parkwood Blvd	
		Address
	Schenectady, NY 12308	
		City/State and Zip Code
	ed.cammarata@gmai	Lcom
		to be used for future annual report notification)
For further info	ormation concerning this matter, plea	ise call:
Edw	ard Cammarata	_{at (} 407) 536-8219
	Name of Person	Area Code & Daytime Telephone Number
Divisi	ING ADDRESS: on of Corporations	STREET ADDRESS: Division of Corporations
	ration Section 30x 6327	Registration Section
	assee, FL 32314	Clifton Building 2661 Executive Center Circle
		Tailahassee, FL 32301
	t check for the following amou 00 Filing Fee \$\int\\$\130.00\ \text{Filing Fe}\rm{\text{Certificate of Sta}}	ee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate



Division of Corporations

RECEIVED

12 JUL 23 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 2, 2012

EDWARD CAMMARATA 1278 PARKWOOD BLVD SCHENECTADY, NY 12308

SUBJECT: CRS COMPLETE RECOVERY SYSTEMS LLC

Ref. Number: W12000035178

We have received your document for CRS COMPLETE RECOVERY SYSTEMS LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Tammy Hampton
Regulatory Specialist II

Letter Number: 312A00017867



RECEIVED

12 AUG 28 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

July 24, 2012 -

EDWARD CAMMARATA 1278 PARKWOOD BLVD SCHENECTADY, NY 12308

SUBJECT: CRS COMPLETE RECOVERY SYSTEMS LLC

Ref. Number: W12000035178

We have received your document for CRS COMPLETE RECOVERY SYSTEMS LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return 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) 245-6051.

Tammy Hampton Regulatory Specialist II

Letter Number: 712A00019432

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 HABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

1. CRS Complete Recovery Systems 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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L. Company," "L.L.C," "LLC.")	
2. New York State 3. 42-1707976	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4. April 4, 2006 _{5.} Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	e to
6	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 1278 Parkwood Boulevard	₽
Schenectady, NY 12308	SECR
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	CRPO SRPO SPO SPO SPO SPO SPO SPO SPO SPO SPO S
9. The name and usual business addresses of the managing members or managers are as follows:	STATE RATIONS
Eric Lussier - 1278 Parkwood Blvd, Schenectady, NY 12308	70
	<u></u>
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language 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: Fire, water, smoke	
and mold restoration services.	
5.01	
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	

Typed or printed name of signee

Eric Lussier

penalties of perjury that the facts stated herein are true. 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.)

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:
CRS Complete Recovery Systems LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Edward Cammarata
(Name)
10140 Cypress Vine Drive Florida Street Address (P.O. Box NOT ACCEPTABLE)
Total Carolina (Total Dak <u>Total</u> Reedli Mada)
Orlando FL 32827
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.

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 New York Department of State } ss:

I hereby certify, that CRS COMPLETE RECOVERY SYSTEMS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/04/2006, and that the Limited Liability Company is existing so far as shown by the records of the Department.

The Biennial Statement is past due.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 09th day of August two thousand and twelve.

First Deputy Secretary of State