

M 14000663700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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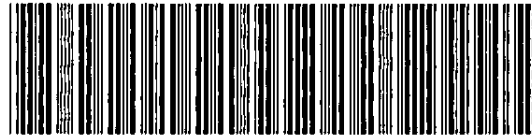
(Business Entity Name)

(Document Number)

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

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

14 MAY 30 PM 3:21

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Insurance Restoration Contractors 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:

Jeremy Neel  
Name of Person Contractors LLC.  
Insurance Restoration ~~Contractors~~  
Firm/Company  
112 Seascape DR. #201  
Address  
Miramar Beach, FL. 32550  
City/State and Zip Code  
apexisthere@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeremy Neel at ( 501 ) 247-2647  
Name of Contact 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Insurance Restoration Contractors 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ARKANSAS 3. 46-5689570  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)


5. 112 Seascope DR. #201  
Miramar Beach, FL. 32550  
(Street Address of Principal Office)

6. SAME  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are  
Jeremy Neel, Owner  
112 Seascope DR. #201  
Miramar Beach, FL. 32550

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FLORIDA  
DEPARTMENT OF REVENUE

8. 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)

  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the 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.)

Jeremy Neel  
Typed or printed name of signer

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Insurance Restoration Contractors 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:

Jeremy Neel

(Name)

112 Seascape Dr. #201

Florida Street Address (P.O. Box NOT ACCEPTABLE)

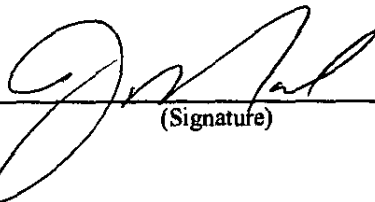
Miramar Beach

FL

32550

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 605, 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)

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FILED



# Arkansas Secretary of State

## Mark Martin

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501.682.3409

### CERTIFICATE OF EXISTENCE

I, Mark Martin, Arkansas Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

### INSURANCE RESTORATION CONTRACTORS LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed a Articles of Organization in this office December 3, 2012.

Our records reflect said entity has paid all fees, taxes and penalties owed to this State, as required to be collected by this office, and has delivered its most current annual franchise tax report to this office.

I certify this entity has not filed articles of dissolution with this office.

SECRETARY OF STATE  
OFFICE OF THE CLERK  
LITTLE ROCK, ARKANSAS

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In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 1st day of May, 2014.

*Mark Martin*

Mark Martin

Arkansas Secretary of State

By: *Lisa Bruno*

Lisa Bruno