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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

8/27/14

NAME:

UNIVERSAL RESTORATION SERVICES, LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	ision of Corporations	Samilar II C				
SUBJECT:	T: Universal Restoration Services, LLC Name of Limited Liability Company					
				ion to Transact Business in d liability company to trans		
Please return	all correspondence cor	cerning this matter to th	e following:			
	Maria Principe					
		1	Name of Person			
	DLA Piper LLP (U	JS)				
	-		Firm/Company			
	203 N. LaSalle Str	eet, Suite 1900				
			Address			
	Chicago, 1L 60601					
		City/	State and Zip Code			
	maria.principe@dla		16.6			
		E-mail address: (to be us	ed for future annual rep	ort notification)		
For further in	formation concerning t	his matter, please call:				
Ma	ria Principe		at (312) 368-3404 Daytime Telephone Nu		
	Name of 0	Contact Person	Area Code	Daytime Telephone Nu	mber	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314	Divisi Regisi Clifto 2661	CET ADDRESS: ion of Corporations tration Section in Building Executive Center Circonassee, FL 32301	cle		
	s a check for the fol 125.00 Filing Fee	lowing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Cop		g Fee, Certificate Certified Copy	

TO:

Registration Section

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Universal Restoration (Name of Fore	n Services, LLC reign Limited Liability Company; mus	t include "Limited	Liability Company," "L.L.C.," or "LI	.C.")
(If name unavailable, enter a Liability Company." "L.L.C	alternate name adopted for the purpos	e of transacting bu	siness in Florida. The alternate name	must include "Limited
2. Delaware		3		
(Jurisdiction under the law company is organized)	w of which foreign limited liability		(FEI number, if applicable)	
4. upon filing				
	(Date first transacted busine (See sections 605.0904 & 605.			-
5. 62 Washington Road	1			
Lake Forest, IL 6004	45			- Co. 23
	(Street Ac	ddress of Principal	Office)	
6. 62 Washington Road_				A R
				27 MIN: 2: NNY DIE STATE SSEE FLORID ge is/are:
Lake Forest, IL 6004		(Mailing Address)		- A-
Erik W. Bloom, Authori	r capacity and address of the rized Person, 62 Washington Fixed Person, 62 Washington R	Road; Lake Fo	rest, IL 60045	27 TE 200A
8. Attached is an orig	ginal certificate of existence,			
acceptable. If the cert must be submitted)	tificate is in a foreign langua	ige, a translati	on of the certificate under oa	th of the translator
		200)	
(In accordance with section 603 am aware that any false informa	Signature 15.0203, F.S., the execution of this docume nation submitted in a document to the Depa	of an authorizent constitutes an affi artment of State cons	rmation under the penalties of perjury that	the facts stated herein are true. r in s.817.155, F.S.)
	Erik W. Bloom, Vice Chairman	1		
		rinted name of	signee	

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.

	the Limited Liability Company is:	
If unavailable, t	he alternate to be used in the state of Florida is:	
2. The name an	d the Florida street address of the registered agent and office	ce are:
	NATIONAL CORPORATE RESEARCH, LTD.	
	(Name)	
	155 Office Plaza Drive	AUG 2
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	—— 《
	Tallahassee FL 32301 City/State/Zip	OF STATE 2
	City/State/Zip	9 3

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.

By: Mann M Mod dro(Signature)

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

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "UNIVERSAL RESTORATION SERVICES,

LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF

AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "UNIVERSAL RESTORATION SERVICES, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JULY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5574896 8300

141111740

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 1649591

DATE: 08-26-14

You may verify this certificate online at corp.delaware.gov/authver.shtml