M1600001757

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: R A Sign Wild-9994							
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)						
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:							
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)						
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:							
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Ad	dress)					
(Business Entity Name) (Document Number) Certified Copies Certificates of Status							
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Cit	y/State/Zip/Phon	e #)				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status							
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	☐ PICK-UP	☐ WAIT	MAIL MAIL				
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:							
Certified Copies Certificates of Status	(Business Entity Name)						
Certified Copies Certificates of Status Special Instructions to Filing Officer:							
Special Instructions to Filing Officer:	(Document Number)						
Special Instructions to Filing Officer:							
Special Instructions to Filing Officer: R.A. Sign WIU-9994	Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer: R.A.Sign WIV-9994							
R.A. Sign WILG-9994	Special Instructions to	Filing Officer	·				
	1299-1111-9994						
		()					
	•						
			i				
· · · · · · · · · · · · · · · · · · ·							

Office Use Only



000281826810

02/08/16--01026--010 **160.00

2016 FEB 29 P & OG

MAR 0 1 2016

8 MASON



February 9, 2016

· ·

MICHAEL DE LA MORA 10497 TOWN AND COUNTRY WAY, SUITE 930 HOUSTON, TX 77024

SUBJECT: STELLAR RESTORATION SERVICES, L.L.C.

Ref. Number: W16000009954

We have received your document for STELLAR RESTORATION SERVICES, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Letter Number: 216A00002800

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:		ation Section n of Corporatio	ns					
SUBJE		llar Restoration	Services, L.L.C.					
50.551			Name o	f Limited Liability	Company			
The en Exister	closed "A _l nce, and ch	pplication by For neck are submitte	reign Limited Liability Cor ed to register the above refe	npany for Authoriza erenced foreign limi	ation to Tr	ansact Business in Florida," Certificate of y company to transact business in Florida		
Please	return all	correspondence	concerning this matter to th	e following:				
		Michael de la l	Mora					
				Name of Person	•••			
		Stellar Restoration Services, L.L.C.						
		Firm/Company						
		10497 Town and Country Way Suite 930						
		Address						
		Houston, Texas 77024						
		· · · · · · · · · · · · · · · · · · ·	City/	State and Zip Code	;			
	8	alopez@stellarre	storation.com					
	_		E-mail address: (to be us	ed for future annua	l report no	tification)		
For fur	ther inforn	nation concernin	g this matter, please call:					
	Amanda	ı Lopez		800 at (731-18			
		Name o	of Contact Person	Area Code	Day	time Telephone Number		
	Division Registra P.O. Box	NG ADDRESS: of Corporations tion Section x 6327 see, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301		
Enclose		ck for the follow 00 Filing Fee	ing amount: ☐ \$130,00 Filing Fee & Certificate of Status	□ \$155.00 Filit Certified Copy	ng Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy		

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, '17 IE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Stellar Restoration Services, L.L.C. (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.") Texas (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 10497 Town and Country Way, Suite 930 Houston, Texas 77024 (Street Address of Principal Office) 10497 Town and Country Way, Suite 930 Flouston, Texas 77024 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Incorp Services Inc. Name: 17888 67th Court North Office Address: Loxabatchee (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent Vackie DeFilippis on behalf of InCorp Services, Inc. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Michael de la Mora - Member - 10497 Town and Country Way Ste. 930 Houston, Texas 77024 Richard Bailey - Member - 10497 Town and Country Way Ste. 930 Houston, Texas 77024 9. Attached is a 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. (If the Artificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Signature of an authorized person





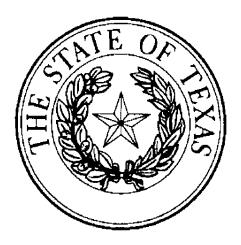
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Stellar Restoration Services, L.L.C. (file number 801426113), a Domestic Limited Liability Company (LLC), was filed in this office on May 16, 2011.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 02, 2016.



CULC Carlos H. Cascos Secretary of State