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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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8/25/16/05



7512 Dr. Phillips Blvd. Suite 50-631, Orlando, Florida

August	17	2016
Magast	Τ,,	2010

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

Per the accompanying documents please complete the Foreign Corporation registration for All-State Construction and Restoration, LLC. The fee of \$125 was paid under my prior registration submission which was rejected because it didn't include the Certificate of Standing.

Sincerely

Robert De Cosey

Manager

FILED

16 AUG 22 PN 10: 44

SECRETARY OF STATE

SECRETARY OF STATE

59

COVER LETTER

. TO: · Registration Section

Div	ision of Corporation	18					
SUBJECT:	ALL-STATE CONS	STRUCTION AND RESTO	PRATION, LLC				
		Name of Limited Liability Company					
		eign Limited Liability Com d to register the above refer					
Please return	all correspondence	concerning this matter to the	e following:				
	ROBERT DE C	COSEY					
		Ŋ	Name of Person				
	ALL-STATE O	CONSTRUCTION AND RE	ESTORATION, LL	.c			
		F	Firm/Company				
	7512 DR. PHIL	LLIPS BLVD., SUITE 50-6	31			·	
			Address		7	SEC 6	
	ORLANDO, F	LORIDA 32819			<u>.</u>	語言	
		City/S	State and Zip Code			(A) (D) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	
	RDECOSEY@A	LL-STATECONSTRUCT	ION.COM			型。	
		E-mail address: (to be use	ed for future annual	l report not	ification)	PN O FF	
For further is	nformation concernin	g this matter, please call:				<u> </u>	
RO	BERT DE COSEY		888 at (581-17	47		
	Name o	of Contact Person	Area Code	Day	time Telephone Ni	ımber	
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				
	a check for the follow \$125.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filid Certified Copy		□ \$160.00 Filing of Status & Certi		

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

	TTION 605.0902, FLORIDA STATUTES, THE FOL USINESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO REGISTER	A FOREIGN LIMITED LIABILITY
	RUCTION AND RESTORATION, LLC		
1.	eign Limited Liability Company, must include	'Limited Liability Company," "L.L.C.,"	or "LLC.")
72			
(If name unavailable, enter a Liability Company," "L.L.C,	Itemate name adopted for the purpose of transaction or "LLC.")	cting business in Florida. The alternate n	ame must include "Limited
2. WYOMING	3. 81	-3134732	
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)
4. NONE			
	(Date first transacted business in Florid (See sections 605.0904 & 605.0905, F.S.	da, if prior to registration.) to determine penalty liability)	
5 1712 PIONEER AVE	•	· · · · · · · · · · · · · · · · · · ·	TS: 5
CHEVENNE WAY 920	2001		
CHEYENNE, WY 820	(Street Address of Principal O	Office)	
6 1712 PIONEER AVEN		,	LED 6 22 PI
CHEVENNE MAY 200	No.1		- C. F. F. C. F. C. F.
CHEYENNE, WY 820	(Mailing Address)	· · · · · · · · · · · · · · · · · · ·	_ [일 주
- X	, -	TOM	ラボ 手
7. Name and street address	ss of Florida registered agent: (P.O. Box 1	NOT acceptable)	
Name:	ROBERT DE COSEY		
Office Address:	464 AVENUE C/P.O. BOX 104		
	WAVERLY	. Florida ³³⁸⁷⁷	
-	(City)	, Florida 33877 (Zip code)	
designated in this applicate to complywith the provisi	egistered agent and to accept service of protion, I hereby accept the appointment as it ons of all statutes relative to the proper and my position as legistered deent	registered agent and agree to act in nd complete performance of my dut	this capacity. I further agree
8. The name, title or cap	acity and address of the person(s) who has/	have authority to manage is/are:	
ROBERT DE COSEY, M	IANAGER		······································
7512 DR. PHILLIPS BLV	VD., SUITE 50-631		
ORLANDO, FL 32819			
jurisdiction under the law of the translator must be s	Signature of an auth	is in a foreign language, a translation	of the certificate under oath
	d in accordance with section 605.0203 (1) (

Typed or printed name of signee

ROBERT D. DE COSEY

STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

All-State Construction and Restoration, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **July 1, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000718937**.

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 17th day of August, 2016 at 2:28 PM. This certificate is assigned 020831420.



Secretary of State

FILED

16 NUG 22 PN 10 44

SECRETARY OF STATE
SECRETARY SEEL PLORIDA

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.