

ML600008523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

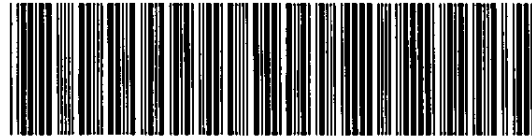
(Business Entity Name)

(Document Number)

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16 OCT 25 PM 4:51

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Supreme Restoration LLC dba Servpro of Washington County

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:

Dion Luzzi, Sole Member

Name of Person

Supreme Restoration llc, dba Servpro of Washington County

Firm/Company

67 Tom Harvey Rd.

Address

Westerly, RI 02891

City/State and Zip Code

amanda@servpro9563.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Amanda Vetelino	401	315-2337
_____ Name of Contact Person	at (_____) 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:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Supreme Restoration LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Servpro of Washington County 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. Rhode Island

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 16-1781062

(FEI number, if applicable)

4. 07/01/2016

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

5. 67 Tom Harvey Road

Westerly, RI 02891

(Street Address of Principal Office)

6. 67 Tom Harvey Road

Westerly, RI 02891

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

REGISTERED AGENTS INC.

Office Address:

3030 N. Rocky Point Drive, STE 150A

TAMPA

(City)

Florida 33607

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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 comply with 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.



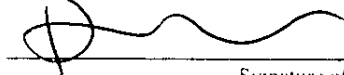
Bill Havre/Assistant Secretary/Registered Agents Inc

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Dion Luzzi, Sole Member

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 certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

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.

Dion Luzzi

Typed or printed name of signee

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Certification Number: **16100037950**

The office of the Secretary of State of the State of Rhode Island and Providence Plantations
HEREBY CERTIFIES, that

SUPREME RESTORATION, LLC

a Rhode Island limited liability company, filed original articles of organization in this office on

December 28, 2006

Effective

January 01, 2007

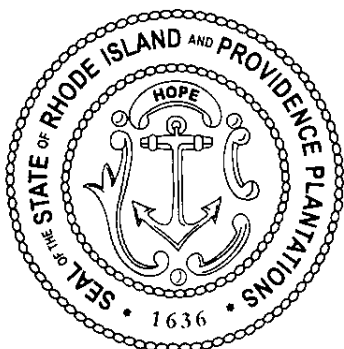
IT IS FURTHER CERTIFIED that as of this date said company is duly organized and existing
under and by virtue of the State of Rhode Island.

SIGNED AND SEALED ON

Friday, October 14, 2016

Secretary of State

Authorized Agent



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