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Division of Corporations



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(((H17000267652 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007 : (702)866-2500 Phone : (702)866-2689 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Foreign Limited Liability Company Express Remediation & Reconstruction, LLC

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COVER LETTER

	tration Section on of Corporations	
arm mar	Express Remed	fiation & Reconstruction, LLC
SUBJECT: _	Name of L	imited Liability Company
The enclosed ". Existence, and	Application by Foreign Limited Liability Compo check are submitted to register the above referen	any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida
Please return al	Il correspondence concerning this matter to the i	following:
	Jaycie Howard	
	Na	me of Person
	InCorp Services, Inc.	
	Fir	m/Company
	3773 Howard Hughes Pkwy, Ste 500S	
		Address
	Las Vegas, NV 89169	
	City/St	tate and Zip Code
	managedreports@incorp.com	
	E-mail address: (to be used	I for future an inal report notification)
For further inf	ormation concerning this matter, please call:	
Jayci	ie Howard for InCorp Services, Inc.	800 246-2677 et ()
	Name of Contact Person	Area Code Daytime Telephone Number
Divis Regis P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 hnssee, FL 32314	Division of Corporations- Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a c □ \$1	check for the following amount: 25.00 Filing Fee \$\Bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$	■ \$155.00 Filing Fee & S160.00 Filing Fee, Certificates Certified Copy 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 POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign L	Reconstruction, LLC Imited Liability Company, must include "L	imited Liability Company," "L.L.C.," or	-LLC.")
	are adopted for the purpose of transacting business	1	had libele Commercial LC or 115.
	rue adobted tot die brilbose of utminictrall primitiers	3. 46-14	
Texas	ich foreign limited liability company is organized)	_ 3	FL (namber, if applicable)
(Till artistical raids, that the of Art	En merge mater mently currently is deposited		•
Upon Registration			
	(Date first transacted business in Florida, if p (See acctions 605,0904 & 605,0905, F.S. to o	nor to regulation)	
DCC N. Durefra Aria		6. 968 N. Durfee Ave.	
968 N. Durfee Ave.	rise mal Office)		uling Address)
South El Monte, CA 91		South El Monte, CA	. 91733
			
			
. Name and street addres	ss of Florida registered agent: (P.O.	. Box NOT acceptable)	·
M	InCorp Services, Inc.		
Name:	moup dervises; me.		
Office Address:	17888 67th Court North		
	Loxphatchee	Florida 334	70
	LOXEMETERS (City)	, Florida 334	1 (in orde)
	s of my position as registered agen	LA	of my duties, and I am familiar with ehalf of InCorp Services, Inc.
nd accept the obligation. B. The name, title or cap:	s of my position as registered agen (Regulered) acity and address of the person(s) w	Jaycle Howard on b	ehalf of InCorp Services, Inc.
8. The name, title or cap:	acity and address of the person(s) w	Jaycie Howard on b	ehalf of InCorp Services, Inc.
nd accept the obligation. 3. The name, title or cap:	acity and address of the person(s) w Name and Address: Samy Girges	Jaycle Howard on b	ehalf of InCorp Services, Inc.
nd accept the obligation 3. The name, title or cap: Title or Capacity:	acity and address of the person(s) w Name and Address: Samy Girges 968 N. Durfee Ave.	Jaycle Howard on b	ehalf of InCorp Services, Inc.
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B. The name, title or cape Title or Capacity: Managing Member	s of my position as registered agen (Regulered of the person(s) w Name and Address: Samy Girges 968 N. Durfee Ave. South El Monte, CA 917	Jaycle Howard on b	ehalf of InCorp Services, Inc. Name and Address:
8. The name, title or cape Title or Capacity: Managing Member Use attachments if neces	s of my position as registered agen (Regulered of the person(s) we name and Address; Samy Girges 968 N. Durfee Ave. South El Monte, CA 917 eary) of existence, no more than 90 days of which it is organized. (If the cert	Jaycle Howard on b	ehalf of InCorp Services, Inc. Name and Address:
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Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



33.

08:42:30 a.m.

Rolando B. Pablos Secretary of State

Office of the Secretary of State

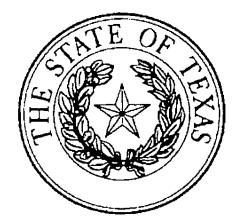
Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Express Remediation & Reconstruction, LLC (file number 801661306), a Domestic Limited Liability Company (LLC), was filed in this office on September 27, 2012.

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

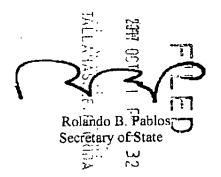
In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 10, 2017.





Phone: (512) 463-5555

Prepared by: SOS-WEB



TID: 10264

H17000267652 Dial: 7-1-1 for Relay Services Document: 765910340002