

MN000010167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

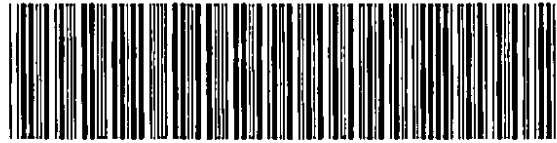
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17 DEC -4 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 04 2017

T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

EXTREME DISASTER RECOVERY US LLC

Signature _____

Requested by: Seth

12/04/17

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: XTREME DISASTER RECOVERY U. S. LLC

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:

JOHN P MILLER

Name of Person

JOHN P MILLER CPA PA

Firm/Company

2499 GLADES RD STE 304

Address

BOCA RATON FL 33431

City/State and Zip Code

jpmcpapa@bellsouth.net

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

For further information concerning this matter, please call:

John P Miller

561

368-9777

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:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$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. XTREME DISASTER RECOVERY U.S. LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
XTREME DISASTER RECOVERY SERVICES US 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. TENNESSEE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 37-1844224
(FEI number, if applicable)

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

5. 4579 SQUARE LAKE DR
(Street Address of Principal Office)
PALM BEACH GARDENS, FL 33418

6. 4579 SQUARE LAKE DR
(Mailing Address)
PALM BEACH GARDENS, FL 33418

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

Name: JOHN P MILLER

Office Address: 2499 GLADES RD SUITE 304
BOCA RATON, Florida 33431
(City) (Zip code)

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 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.

(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
AMBR	KYLE OSLER 4579 SQUARE LAKE DR PALM BCH GARDENS FL	AMBR	DARRYL OSLER 4579 SQUARE LAKE DR PALM BCH GARDENS, FL
AMBR	BRUCE OSLER 4579 SQUARE LAKE DR PALM BCH GARDENS, FL		

(Use attachments if necessary)

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)

10. 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)

JOHN P MILLER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

FILED
17 DEC -4 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Tre Hargett
Secretary of State

Division of Business Services
Department of State

State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

JOHN P MILLER
JOHN MILLER
SUITE 304
2499 GLADES ROAD
BOCA RATON, FL 33431

December 3, 2017

Request Type: Certificate of Existence/Authorization
Request #: 0259061

Issuance Date: 12/03/2017
Copies Requested: 1

Document Receipt

Receipt #: 003681919

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3716391440

\$20.00

Regarding: Xtreme Disaster Recovery U. S. LLC

Filing Type: Limited Liability Company - Domestic

Control #: 878376

Formation/Qualification Date: 12/09/2016

Date Formed: 12/09/2016

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: SEQUATCHIE COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Xtreme Disaster Recovery U. S. LLC

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 025344330