12/5/2017

Division of Corporations



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : BURR & FORMAN LLP Account Number : I19990000278 Phone : (407)540-6600 œ Fax Number : (407)540-6601 **න** රා **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address: julio@evergreencommunities.com Foreign Limited Liability Company Medallion Homes, LLC Certificate of Status Certified Copy Page Count 02 \$125.00 Estimated Charge

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[1] (E3)

(((H17000318993 3)))

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

		TION 605 <mark>,19</mark> 02, FLORIDA STATUTIES, THE FO ISINESS IN THE STATE OF FLORIDA:	ILOPING IS S	UBMITTED TO RECISTI	RA FOREIGN LIMITED I.	<i>ысил</i> тү
1	Medallion Homes, LLC	Limited Liability Company, must factode "Limited	Libbility Corner	ny : ''		
N.	dallion Homes, LLC a	un Indiana LLC				
(If or	me unavailable, enter alternata n	arne adopted for the purpose of transporting business in Flori	da The alterrote na	ma anna melada "Lindied Liab	thry Company," "L.L.C." or "LLC."	•)
	ndiana	nich foreign finnsted linkthily company is organized)		81-40031 PRI number		
4		(Date first transacted business in Florida, if prior to re (See sections 603 0904 & 603,0905, F.S. in determin	epistralia n.)		·	
	201110 4 03			1 Danie 1 Culta 420	10	
5,	321 N. Pass Ave., Suit		6. 321 1	Pass Ave., Suite #30 (Mailing Add)	(11)	
Burbank, CA 91505			Burbank, CA 91505			
7. 1		g of Florida registered agent: (P.O. Box Burr & Forman I.J.P. Atta: Timothy M.		ibic)		
	Name:		···			
	Office Address:	50 North Laura Street, Suite 3000				
		Jacksonville		, Florida 32202		
	zistered agent's accep	• •		(Zip cod.	:)	
to o	comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the propers of my position as registered agent.	and compiste	performance of my (futles, and I am famillar	· with
		Plegislered again's	ignature)			
8.	The name, title or capa Title or Capacity:	acity and address of the person(s) who has Name and Address;		ty to manage is/are; Capacity:	Name and Address:	7
	Managing Member	Julio C. Jaramillo			·	
		321 N. Pass Ave., Suite #300 Burbank, CA 91505	· ———-			
		Bulgaik, CA 71303	•			7.7
					نمن 	اسد ' اسد '
						
			-			
(U	se attachments if neces	isary)				
juri	Attached is a certificate is diction under the law the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)	duly authorials t is in a formig	ated by the official ha in language, a translat	ving custody of records i ion of the certificate undo	n the or oath
10. sub	This document is excemitted in a document to	outed in accordance with section 605.0203 to the Department of State constitutes a thi	(1) (b), Flori rd degree felo	da Statutes, I am awar my as provided for in	e that any false informations 18.817.155, F.S.	on
		L(C)				
		ilgnitiere	of an authorized per	nan		
		Julio C. Jaramillo	<u></u>			
		Typed or	busined name of 118	nce		

State of Indiana 'Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MEDALLION HOMES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 03, 2016, and was in existence of authorized to transact business in the State of Indiana on December 05, 2017.

I further certifity this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not verticed to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapoli. December 05, 2017

Corrie Lawson

CONNIE LAWSON
SECRETARY OF STATE

201610031161210 / 2017465237

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate

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DEC -6 2017

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			H1.7440031.551.2			
	APPLICATION FOR TH	LE REGISTRATION OF A TRAD	FMARK OD SERVICE MADY			
	APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES					
TO:	Division of Corporations	-	49. 4			
	Post Office Box 6327 Tallahassee, FL 32314					
	100007900,12 02014		764 5			
		PART I	To the same of the			
		ANT	\$ \tag{\partial}{\partial}\$			
1 03/3	NER/APPLICANT: Enter the name and	address of the individual or the house	ness entity to be listed as the owner of the Tradedrank			
and/or S	service Mark on the records of the Florida	Department of State.	ness entity to be usted as the owner of the Tradectark			
	V 8.	valor 120x	Paciaco Lino			
(a)	Owner's/Applicant's name:	ess water	Kestoration inc			
(b)	Owner's/Applicant's business address:	9250 8	1) 410+			
(0)	Owner SApplication business address:		2011/			
	<u> </u>	MIGMI +C	33145			
			ity/State/Zip			
If differ	ent, Owner's/Applicant's mailing addres	S:				
		Ci	ty/State/Zip			
(c) (wner's/Applicant's telephone number: (3	305) 335 - W249	<u> </u>			
Check ti	ne appropriate box to indicate the Owner	r/Annlicant is a(n):				
	ndividual Decorporation	· ·	Dried Habita Carre			
	•	□ Joint Venture	· · ·			
	General Partnership Limited Partnershi	,	Other:			
If the O	wner/Applicant is a business entity, the b	usiness entity must have an active fili	ing or registration on file with the Florida Department order registration/document number in #1, the state or or incorporated under in #2, and the entity's federal			
country	under the laws of which the business e	ntity is currently formed, organized	or incorporated under in #2, and the entity's federal			
cmblove	r identification number (EIIV) in #3.					
(1) Flor	ida registration/document number:	PIT 6000613	546			
, ,		Torida				
(3) read	ral Employer Identification Number:					
2. (a) Si	ERVICE MARK: If the owner/applicant	is using the name logo, design and/o	or stoom being registered in connection with a type of			
service,	the mark is a service mark. If the mark	s is a service mark, the applicant/owr	or slogan being registered in connection with a type of ner must list the specific service(s) the mark is being			
tractor c	connection with. For example: numitur quipment, etc. If the owner/applicant is u	to moving services, disper services, ruising the mark to identify services ava	house painting services, wholesale and retail sales of all the market place, enter the specific service(s)			
being rea	idered here:					
Note: I	ist only those services currently being re	ndered by the owner/applicant Dop	ot include future services.)			
1	a cleaning & rest	oration service t	that is quick			
	ت ل الورد المواد الما					
	to clean	up any	Mold, Water, or			
	-Pire damage		!			

Page 1 of 4

11/0/0/0/100/19
logan being registered in connection with an actual ark is a trademark. If the mark is a trademark, then is being used to identify. For example: ladies pame, logo, design and/or slogan to identify goods closur is being used to identify:
Some is come used to identify.
.D;
nnection with a type of service, you must specify these to the general public. For example, newspap being used in connection with a type of service, sta
business cards
business cards, lets, menus
product manufactured by or fore the applicant/owners. For example: a tag, label, imprinted or engraved on the how the name, logo, design and/or slogan is applied
all products or services must be categorized. The tate.

PARTH H 17000315513

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or d related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also there the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.
(a) Date first used in other state or country, if applicable: 12/1/17
(b) Date first used in Florida: 12/1/17
PART III
ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:
1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)
Xpress cleans the mess
Provide the English translation of any and all terms listed #1 above, when applicable:
2. DISCLAIMER STATEMENT (if applicable): Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.
Enter all terms listed in #1 above which require a disclaimer in the space provided below:
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE $\text{TERM}(S)^n$. CCS
"APART FROM THE MARK AS SHOWN.

Page 3 of 4

H17000315513

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being repistered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are circuity legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

Laus Amulo	being swarn, depose an	d say that I am the owner and the applicant
herein, or that I am authorized to sign on behalf of except a related company has registered this mark thereof or in such near resemblance as to be likely	of the owner and applicant therein, and to	o the best of my knowledge no other person
cause mistake or to deceive. I make this affidavit read the application and know the contents thereof		
	wis angulo	
	Typed or printed name of applicant	
	-1 // ,	過るか
- - -	The Man	ZIII PEC
	Applicant's signature (List name and title)	SA I
STATE OFFLURIDA	·	Ser 7
		
COUNTY OF	 -	3: 28
	. Ye w	. 28
Swom to and subscribed before me on this 29	day of Novembers 17	Louis Angulo
/		(Name of Individual Signing)
who is personally known to me whose	a identification Comment and A. B. C.	
who is personally known to the whose	e identity I proved on the basis of	
	a . —	
£	Lina	12 mus
Notary Public State of Florida GRorgina Muris		Notary Public Signature
or ex Expires 12/02/2018	GEO 1	Zaina Muns
•••••••••••••••••••••••••••••••••••••••		Notary's Printed Name
	Mr. Commission Francis	12/2/18
	My Commission Expires:	1212110

FILING FEE: 587.50 per class

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