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La Department of State

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Foreign Limited Liability Company ENTERPRISE RESTORATION SERVICES, L.L.C.

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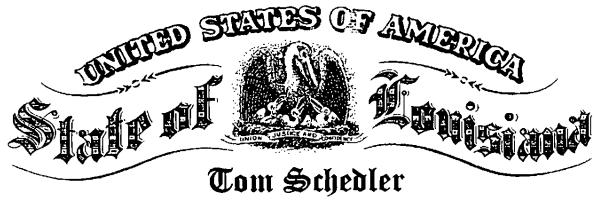
D. SCOTT JAN 8 2018

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

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. ENTERPRISE REST	ORATION SERVICES, L.L.C	ist include "Limited Lis	ability Company," "L.L.C.," o	r "LLC.")	
					 _
(If name unavailable, enter al- Liability Company," "L.L.C,"	ternate name adopted for the purpor	se of transacting busine	ess in Florida. The alternate na	me must include "	Limited
2 LOUISIANA		3. <u>N/A</u>	(FEI number, it applicabl		
(Jurisdiction under the law company is organized)	of which foreign limited hability		(FEI number, it applicant	ej	
4. <u>N/A</u>	(Date first transacted busin	wee in Florida, if prior	n registration	<u>-</u>	
	(See sections 605.0904 & 603	5,0905, F.S. to determin	ne penalty liability)		
5. 3030 N. ROCKY PO	INT DR, STE 150A, TAMPA,	FL 33607			
	(Street Address of	Principal Office)		_	
6. 1744 SOUTH LANE,	MANDEVILLE, LA 70471				
	(Mailing	(Address)			
7. Name and street address	s of Florida registered agent: (1	P.O. Box <u>NOT</u> accep	otable)		
Name:	Registered Agents Inc.		_		
Office Address:	3030 N. Rocky Point D	r. STE 150A	_		
	Tampa		Florida 33607		
	(City)		(Zip code)	م. <u>ح</u>	
designated in this applica to complywith the provisi	gistered agent and to accept ser tion, I hereby accept the appoir ons of all statutes relative to the my position as registered agent.	stment as registered e proper and comple	agent and agree to act in t in performance of my duti	his éapacits. If	ur <u>the</u> ragree
	(Regi	stered agent's signature	:)	-Lisi D	O
	acity and address of the person(s	s) who has/have author	ority to manage is/are:	TORUS A	<i>,</i>
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 d of which it is organized. (If the ubmitted)	certificate is in a forc	ticated by the official having language, a translation on	of the certificate	ords in the under oath
This document is executed submitted in a document to	d in accordance with section 605 to the Department of State consti	.0203 (1) (b), Florida	a Statutes. I am aware that a	iny false informat	tion
	RILEY PARK				

Typed or printed name of signee



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

ENTERPRISE RESTORATION SERVICES, L.L.C.

A limited liability company domiciled in MANDEVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on June 24, 2014,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

January 5, 2018

Certificate ID: 10904370#83P83

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Web 41563076K