Fax; (813) 445-7083

To: LLC Amendments

Fax: (850) 617-6383

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : I200500000099
Phone : (813)932-5244
Fax Number : (813)932-3782

1/2//-///

FEB 2.7 (L)3

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

Email Address:

## Foreign Limited Liability Company ROCK SOLID RESTORATION LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 04       |
| Estimated Charge      | \$125.00 |

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Fax: (813) 445-7083

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Fax: (850) 617-6383

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#### COVER LETTERS

| TO:  | Registration Section Division of Corporations   |  |
|--|---|--|
| e 1715 TI                                  | ROCK SOLID RESTORATION LLC  |  |
| SUBJECT: Name of Limited Liability Company |   |  |
| The en<br>Exister                          | closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of<br>ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |  |
| Please                                     | eturn all correspondence concerning this matter to the following:   |  |
|  | ROMAN ALBANO  |  |
| Name of Person                             |   |  |
| CONTRACTORS REPORTING SERVICE, INC         |   |  |
| Firm/Company                               |   |  |
| 13795 N NEBRASKA A VE                      |   |  |
|  | Address   |  |
|  | TAMPA, FL 33613   |  |
|  | City/State and Zip Code   |  |
|  | info@activatemylicense.com  |  |
|  | E-mail address: (to be used for future annual report notification)  |  |
| For fur                                    | E-mail address: (to be used for future annual report notification)  ther information concerning this matter, please call:   |  |
|  | at ( \$13 ) 932-5244  |  |
|  | Name of Contact Person Area Code Daytime Telephone Number   |  |
|  | MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle<br>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

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## 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: ROCK SOLID RESTORATION LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.") ROCK SOLID RESTORATION OF CENTRAL FLORIDA, 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. INDIANA (FEI number, If applicable) (Jurisdiction under the law of which foreign limited liability company is organized) UPON QUALIFICATION (Date first transacted business in Florida, if prior to registration.) (See sections 605:0904 & 605:0905, F.S. to determine penalty liability) 6111 ORINOCO AVE INDIANAPOLIS IN. (Street Address of Principal Office) (Mailing Address). 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CONTRACTORS REPORTING SERVICE INC Name: 13795 N NEBRASKA AVE Office Address: . Florida - <sup>33*6*13</sup> TÁMPA 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 complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: DINA GALLEGOS-HERNANDEZ - MGR 6111 ORINOGO AVE INDIANAPOLIS. FL 46227 BENJAMIN GALLEGOS - MGR 6111 ORINOCO AVE INDIANAPOLIS, FL 46227 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 \$.817.155, F.S. 1170 D Gallegos H Typed or printed name of signce

### State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

Fax: (813) 445-7083

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

#### ROCK SOLID RESTORATION LLC

duly filed the requisite documents to commence; business activities under the law Indiana on October 05, 2017 and was in existence of authorized to transact busines in the Indiana on February 15, 2018.

I further certifications Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, fixerest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 15, 2018

CONNIE LAWSON SECRETARY OF STATE

201710051217782 / 2018533215 Verify this certificate: https://bsd.sos.in.gov/ValidateCertificate