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## Foreign Limited Liability Company

### MAXIMUM RESTORATION SERVICES LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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**FXAMINER** 

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLO, COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	WING IS SUBMITTED TO REGISTER A FOREXIN LIMITED LIABILITY	
Maximum Restoration Serv	vices LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liab		
(if name unavailable, ooler attempte name adopted for the purpose of transacting business in Florida. The	he alternate came must include "Limited Liability Company," "L.L.C," or "LLC.")	
2. New Jersey (Jurisdiction under the law of which foleign limited liability company is organized)	3. 46-38-22-602 (FEI suraber, d'applicable)	
. upon qualification	_	
(Date that threscand business in Florida, if prior to registra	acien ) subty liab Lity)	
5. Maximm Restoration Services	6. Maximum Restoration Services LL	
13510B Hutchisson Blvd.	1187 Ocean Ave Vat	
Panama Coty Beach, FL 32407	Sea Bright, No 07760	
7. Name and street address of Florida registered agent: (P.O. Box NO	OT acceptable)	
Name: Ronnie Griffin		
Office Address: 13510 B. Hutchison	Blvd.	
Panama City Beach	Florida 32407	
Registered agent's acceptance: Having been named as registered agent and to accept service of processing the service of pr	ers for the above stated limited liability company at the place	
declarated in this application. I hereby accept the appointment as fell	eistered agent and agree to act in this capacity. I jurister agree	
to compty with the provisions of all statutes relative to the proper and and accept the obligations of my position as registered again.	l complete performance of my auties, and I am jumitial with	
Last W		
(Registered agent's signal	(yet)	
8. The name, title or capacity and address of the person(s) who has/ha  Title or Capacity:  Name and Address:	ave authority to manage is/are: <u>Title or Capacity:</u> <u>Name and Address:</u>	
Manager Konnie Stittin  1187 acean Ave Unit 9  Sea Bright, NJ 07740		
Manager Dean Francei 1187 Occan Ave chita Sea Bright NJ 07160		
(Use attachments if necessary)		
9. Attached is a certificate of existence, no more than 90 days old, duly jurisdiction under the law of which it is organized. (If the certificate is of the translator must be submitted)	y authenticated by the official having custody of records in the in a foreign language, a translation of the certificate under outh	
10. This document is executed in accordance with section 605.0203 (1) submitted in a document to the Department of State constitutes a third of	) (b), Florida Statutes. I am aware that any false information degree felony as provided for in s.817.155, F.S.	
for the second		
Signature	Saluthociand ppr son	
Ronnie 6	Substitution of the substi	

# STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### MAXIMUM RESTORATION SERVICES LLC 0400606308

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on October 07, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RONNIE GRIFFIN 1187 OCEAN AVE #9 SEA BRIGHT, NJ 07760



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 10th day of October, 2018

Elizabeth Maher Muoio

State Treasurer

desist Mu-

Certificate Number: 6091876513

Verty this certificate ordine of

https://www.l.stute.nj.us/TYTR\_StandingCert/JSP/Yerify\_Cert.jsp