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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**Foreign Limited Liability Company  
U S RESTORATION, L.L.C.**

Certificate of Status	0
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U.S.  
10-25-18

**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. U S RESTORATION, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

U S RESTORATION (LA), L.L.C.  
(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. Louisiana 3. 27-1946189  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3030 N. Rocky Point Dr. 6. 3030 N. Rocky Point Dr.  
(Street Address of Principal Office) (Mailing Address)  
STE 150A STE 150A  
Tampa, FL 33607 Tampa, FL 33607

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
 Name: Registered Agents Inc.  
 Office Address: 3030 N. Rocky Point Dr. STE 150A  
Tampa, Florida 33607  
(City) (Zip code)

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**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.*

*Brett Hume*  
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Member</u>	<u>Kerry Catalano</u> <small>208 Independence Dr Mandeville, LA 70471</small>	<u>Member</u>	<u>Richard Cook Jr.</u> <small>208 Independence Dr Mandeville, LA 70471</small>
<u>Member</u>	<u>Wayne Catalano</u> <small>208 Independence Dr Mandeville, LA 70471</small>	<u>Member</u>	<u>Stephen Blackmon</u> <small>208 Independence Dr. Mandeville, LA 70471</small>

(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.

*Riley Park*  
signature of an authorized person

Riley Park  
Typed or printed name of signer



**R. Kyle Ardoin**  
SECRETARY OF STATE

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

**U S RESTORATION, L.L.C.**

A limited liability company domiciled in MANDEVILLE, LOUISIANA,

Filed charter and qualified to do business in this State on February 20, 2010,

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,

October 19, 2018

*Secretary of State*

Web 40130461K



Certificate ID: 11006200#QVM73

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](http://www.sos.la.gov)