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(C	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
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Certified Copies	Certificates of	Status
C	- FIII Offi	
Special Instructions to	o riling Officer:	

Office Use Only



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### **Registration for Foreign Limited Liability Company**

10/16/19

Attached is the Application to register our Foreign LLC to work in the state of Florida. Please note that the Certificate of Existence and Letter of Good Standings are certified copies, this is how the State of Louisiana sends them to us once requested. If you have any questions or concerns feel free to contact me at 504-452-7501. We look forward to having the ability to work in Florida.

Best Regards,

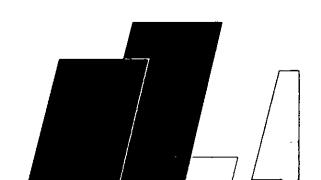
Tracey McClain, Operations Manager

504-452-7501

powerhousetracey@yahoo.com

303 Ormond Village Dr. Destrehan, LA 70047

Phone: 888-829-5018 E-mail address: powerhouserecovery@yahoo. com



### **COVER LETTER**

TO:

Registration Section Division of Corporations

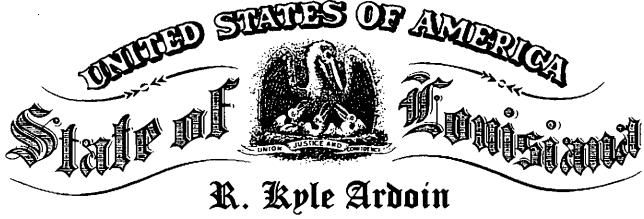
SUBJECT:	Power House Elevation & Construction, I	LC		
	Name o	f Limited Liability Company		
	Application by Foreign Limited Liability Corcheck are submitted to register the above refe			
Please return all	correspondence concerning this matter to the	e following:		
	Tracey McClain			
		Name of Person		
	Power House Elevation & Construction, L	LC		
		Firm/Company		
	303 Ormond Village Dr.		716 C	າ <del>_</del>
		Address		. <b>6</b>
	Destrehan, LA 70047		HASS	6CT -
	City	State and Zip Code	, inc.	LED 17 PM
	powerhouserecovery@yahoo.com			36 36 36
	E-mail address: (to be us	ed for future annual report no	tification)	<u>အ</u>
For further info	rmation concerning this matter, please call;			
Trace	y McClain	504 452-75	01	
	Name of Contact Person		rtime Telephone Number	
Divisio Registi P.O. B	ANG ADDRESS: on of Corporations ration Section fox 6327 assee, FL 32314	Division Registrat Clifton P 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	neck for the following amount:  5.00 Filing Fee  \$\Bigcup \\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Ce of Status & Certified Cop.	

### 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:

If name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC,")
2 Louisiana		3 82-0598299	
(Jurisdiction under the law of	which foreign limited liability company is organized)		number, if applicable)
4 N/A			
	(Date first transacted business in Floridi, if prior to r (See sections 605.0904 & 605.0905, F.S. to determine		<del></del>
303 Ormond Village	Or.	6. 303 Ormond Village Dr.	
(Street Address o	(Principal Office)	(Mailing a	Address)
Destrehan, LA 70047		Destrehan, LA 70047	
	ess of Florida registered agent: (P.O. Box	NOT acceptable)	CICLE AND
Name:	Morgan Jacobs	<del></del>	SSS I
Office Address:	80 Brentwood Ln.		
	Santa Rosa	, Florida 32459	
	(City)		Goode) SSI 😛
Having been named as i designated in this applic to comply with the provi	ptance: registered agent and to accept service of p ration, I hereby accept the appointment as sions of all statutes relative to the proper ns of my position as registered agent.	s registered agent and agree to d	act in this capacity. I further agr
designated in this applic to comply with the provi	registered agent and to accept service of partion, I hereby accept the appointment as sions of all statutes relative to the proper ns of my position as registered agent.	s registered agent and agree to a and complete performance of n	ited liability company at the place act in this capacity. I further agr
Having been named as a designated in this applicate to comply with the proviound accept the obligation	registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's services agent agent's services age	s registered agent and agree to a and complete performance of n	ited liability company at the place act in this capacity. I further agray duties, and I am familiar with
Having been named as a designated in this applicate to comply with the proviound accept the obligation	registered agent and to accept service of partion, I hereby accept the appointment as sions of all statutes relative to the proper ns of my position as registered agent.	s registered agent and agree to a and complete performance of n	ited liability company at the place act in this capacity. I further agray duties, and I am familiar with
Having been named as a designated in this applicate to comply with the proviound accept the obligation.  8. The name, title or ca	registered agent and to accept service of partion, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's pacity and address of the person(s) who ha	s registered agent and agree to a and complete performance of n signature)  s/have authority to manage is/are	e:  Name and Address:  Tracey McClain
Having been named as a designated in this applicate to comply with the provisand accept the obligation.  8. The name, title or ca	registered agent and to accept service of pation, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's appacity and address of the person(s) who ha  Name and Address:	s registered agent and agree to a and complete performance of n signature) s/have authority to manage is/arc Title or Capacity:	ited liability company at the place act in this capacity. I further agr my duties, and I am familiar with e:  Name and Address:
Having been named as a designated in this applicate to comply with the provisand accept the obligation.  8. The name, title or ca	registered agent and to accept service of praction, I hereby accept the appointment as sions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's a pacity and address of the person(s) who ha Name and Address:  Paige Jacobs 303 Ormond Village Sr	s registered agent and agree to a and complete performance of n signature) s/have authority to manage is/arc Title or Capacity:	e:  Name and Address:  Tracey McClain  303 Ormond Village Dr.
Having been named as a designated in this applicate to comply with the provisand accept the obligation.  8. The name, title or can a Title or Capacity:  President	pacity and address of the person(s) who has Name and Address:  Paige Jacobs  303 Ormond Village Sr Destrehan, I A 70047  Michael McClain  203 Ormond Village Dr  Destrehan, LA 70047	s registered agent and agree to a and complete performance of n signature) s/have authority to manage is/arc Title or Capacity:	e:  Name and Address:  Tracey McClain  303 Ormond Village Dr.

Typed or printed name of signee



SECRETARY OF STATE

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

the Articles of Organization of

### **POWERHOUSE ELEVATION & CONSTRUCTION, LLC**

Domiciled at DESTREHAN, LOUISIANA,

Were filed in this Office and a Certificate of Organization was issued on February 2017,

I further certify that no Certificate of Dissolution or Termination has been issued

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 16, 2018

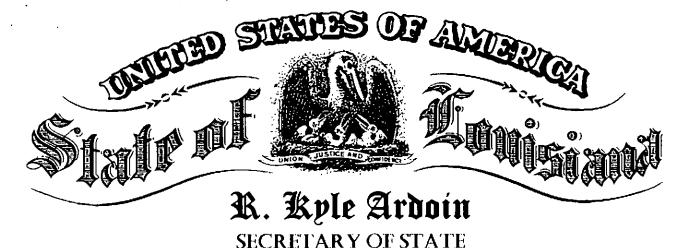
/2 Table / To 2 Secretary of State

Web 425694771



Certificate ID: 11004498#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



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

### **POWERHOUSE ELEVATION & CONSTRUCTION, LLC**

A limited liability company domiciled in DESTREHAN, LOUISIANA,

Filed charter and qualified to do business in this State on February 27, 2017,

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.

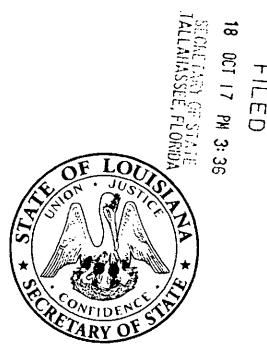
I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

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 16, 2018

2 Tale / To 2 Secretary of State

Web 42569477



Certificate ID: 11004499#G6Q83

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



## This is to Certify that:

POWERHOUSE ELEVATION & CONSTRUCTION, LLC 303 Ormand Village Drive Destrehan, LA 70047

# is duly licensed and entitled to practice the following classifications

BUILDING CONSTRUCTION; MECHANICAL WORK (STATEWIDE); SPECIALTY: RIGGING, HOUSE MOVING, WRECKING AND DISMANTLING



Witness our hand and seal of the Board dated, 2018 April day of 1st Baton Kouge, LA

38 OCT 17 PH 3: 36

Undy Winnu Chairman Treasurer

Expiration Date: March 31, 2019 U3713

License No: 65004

This, License 1s, Not Transferrable