

## Florida Department of State

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Division of Corporations

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From:

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Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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## Foreign Limited Liability Company Baton Rouge Restoration and Remediation, LLC

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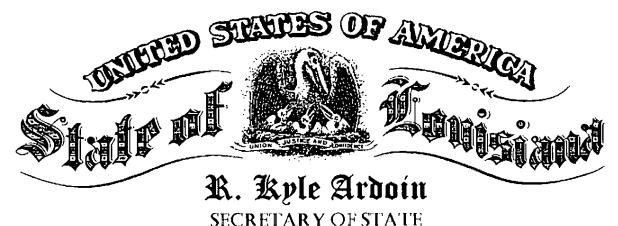
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Help

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

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

<u></u>	sone imagnishle, enter shemate is	ame adopted for the purpose of transacting bus	mess or Florida. The	ilternate name must include "Limited Liab	shity Company." "L.L.C." or "LLC.")
	_ouisiana	and an one har har or a management of		81-3621708	,,
<u>د</u>		nich foreign limited liability company is organi.			es, il applicable)
1	N/A				
	-	(Date first transacted business in Florida (See sections 605 0904 & 605,0905, P.S.	, if prior to registratio s, to determine penalty	n.) (kability)	
5.	3030 N. Rocky P		6.	3030 N. Rocky Point	
	(Sueet Address of F Ste 150A	rincipal Office)		Ste 150A	7 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	Tampa, FL 3360	7		Tampa, FL 33607	
7.	Name and street addres	ss of Florida registered agent: (P	P.O. Box NOT	acceptable)	
	Name:	Registered Agents Inc.			AM 10: 4 France Florid
	Office Address:	3030 N. Rocky Point Di	r. STE 150 <i>A</i>	4	9m <b>±</b>
	Office Address.	Tampa	· · · · · · · · · · · · · · · · · · ·	<del></del>	
		(City)		, Florida 33607 (Zip code	:)
1471	a accept the omigation	s of my position as registered ag			
		Per Home-			
		(Registe	red agent's signature)		
8.	The name, title or caps Title or Capacity:		red agent's signature)		Name and Address:
8.		(Registe	red agent's signature)	authority to manage is/are:	Name and Address:
8.	Title or Capacity:	Register acity and address of the person(s <u>Name and Address:</u> Harry Smith	red agent's signature) ) who has/have	authority to manage is/are:	Name and Address:
8.	Title or Capacity:	Register acity and address of the person(s Name and Address: Harry Smith	red agent's signature) ) who has/have	authority to manage is/are:	Name and Address:
8.	Title or Capacity:	Register and address of the person(s  Name and Address:  Harry Smith  3030 H Ricky Point Dr. Sto 150  Tampo. Ft. 13507  Charles Gregoire	) who has/have  I	authority to manage is/are:	Name and Address:
8.	Title or Capacity: Manager	Register acity and address of the person(s <u>Name and Address:</u> Harry Smith 3030 H. Recky Point Dr. Sto 150 Tampo. Ft. 33607	) who has/have  I	authority to manage is/are:	Name and Address:
	Title or Capacity: Manager	(Register and Address of the person(s Name and Address: Harry Smith 3030 N. Rocky Point Dr., Sto 150 Tampa, Ft. 33607  Charles Gregoire 3030 N. Rocky Point Dr., Sin 150 Tampa, Ht. 33607	) who has/have  I	authority to manage is/are:	Name and Address:
J)	Title or Capacity:  Manager  Manager  Jse attachments if neces	Register (Register (Regist	) who has/have  I	authority to manage is/are:  itle or Capacity:	
(l 9. jui	Title or Capacity:  Manager  Manager  Jse attachments if necess Attached is a certificate	Register and address of the person(s  Name and Address:  Harry Smith  3030 N. Breky Point Dr., Sto 150  Tampa, Ft. 33607  Charles Gregoire  3030 N. Rocky Point Dr., Sto 150  Tampa, Ft. 33807  ssary)  c of existence, no more than 90 d of which it is organized. (If the desired in the person of the	) who has/have  I	authority to manage is/are:  Itle or Capacity:	ving custody of records in the
(l 9. jui of	Manager  Manager  Manager  Jse attachments if neces Attached is a certificate is diction under the law the translator must be s  This document is executed.	Register and address of the person(s  Name and Address:  Harry Smith  3030 N. Breky Point Dr. Sto 150  Tampa, Ft. 33607  Charles Gregoire  3030 N. Brocky Point Dr. Sto 150  Immpa, Ft. 33607  stary)  of existence, no more than 90 d of which it is organized. (If the cubmitted)	y who has/have  I  A  ays old, duly at certificate is in	authority to manage is/are;  Itle or Capacity:  athenticated by the official has a foreign language, a translate), Florida Statutes. I am awar	ving custody of records in the ion of the certificate under oath e that any false information
(l 9. jui of	Manager  Manager  Manager  Jse attachments if neces Attached is a certificate is diction under the law the translator must be s  This document is executed.	Register and address of the person(s  Name and Address:  Harry Smith  3030 N. Breky Point Dr., Sto 150  Tampa, Ft. 33607  Charles Gregoire  3030 N. Rocky Point Dr., Sto 150  Tampa, Ft. 33807  ssary)  c of existence, no more than 90 d of which it is organized. (If the desired in the person of the	ays old, duly at certificate is in 605.0203 (1) (butters third deg	authority to manage is/are;  (itle or Capacity:  athenticated by the official has a foreign language, a translate), Florida Statutes. I am awar ree felony as provided for in	ving custody of records in the ion of the certificate under oath e that any false information
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SECRETARY OF STATE

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

## BATON ROUGE RESTORATION AND REMEDIATION, LLC

A limited liability company domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on August 17, 2016,

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 and itten of this company since this information is not available from the records of this Office.

NOV 15 AMIO: LI

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,

November 15, 2018

OF LOUIS TO THE CONTIDENCIAL AND A STARY OF STA

Certificate ID: 11014706#GTL73

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

www.sos.la.gov

Secretary of State
Web 42360240K