

MIS 000010789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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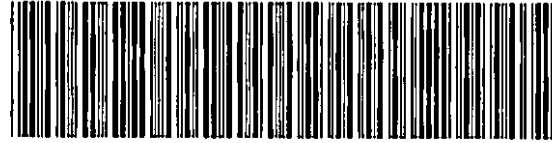
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amazing Grace Restoration & Remediation Services, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Stephen Ardeneaux  
Name of Person

Amazing Grace Restoration & Remediation Services, LLC  
Firm/Company

1310 William J. Clark Drive  
Address

Conway, AR 72032  
City/State and Zip Code

hadavis85@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hillary Davis, CPA at 501, 327-1040  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
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

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. Amazing Grace Restoration & Remediation Service, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")  
Amazing Grace Restoration & Remediation Service, LLC of Arkansas  
(If name unavailable, exact 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. AR  
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 81-3859644  
(FEI number, if applicable)
4. 10/31/10  
(Date first transacted business in Florida, if prior to registration)  
 (See sections 605.0904 & 605.0903, F.S. to determine penalty liability)
5. 1210 William J Clark Drive  
(Street Address of Principal Office)  
Conway, AR 72032
6. 1210 William J Clark Drive  
(Mailing Address)  
Conway, AR 72032

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Incorp Service, Inc.  
 Office Address: 17888 107th Court North  
Loxahatchee, Florida 33470  
(City) (Zip code)

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.

Nicole Acosta Nicole Acosta on behalf of InCorp Services, Inc.  
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>Managing Member</u>	<u>Stephen Ardeneaux</u> <u>1210 William J Clark Drive</u> <u>Conway, AR 72032</u>		
<u>Managing Member</u>	<u>Daniel Byrd</u> <u>1210 William J Clark Drive</u> <u>Conway, AR 72032</u>		

(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.

Stephen Ardeneaux  
Signature of an authorized person

Stephen Ardeneaux  
Typed or printed name of signer

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**Arkansas Secretary of State  
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

**Certificate of Good Standing**

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

**AMAZING GRACE RESTORATION & REMEDIATION SERVICES,  
LLC**

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office September 13, 2016.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 17th day of September 2018.

*Mark Martin*

Mark Martin  
Secretary of State

Online Certificate Authorization Code: a0889968158e94a

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)