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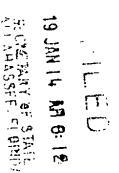
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COVER LETTER

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Registration Section

TO:

, Div	ision of Corporation	18	, 4		•			
SUBJECT:	Oberdorf Home Ma	intenance & Repairs L.L.C.						
		Name of	Limited Liability (Company		_		
The enclosed	I "Application by For	eign Limited Liability Comp d to register the above refer	oany for Authoriza	ition to Transact Busine				
Please return	all correspondence of	concerning this matter to the	following:					
	Christopher Ob	perdorf						
		N	ame of Person			_		
	Oberdorf Home	Maintenance & Repairs L.	L.C.			~2		
		Fi	rm/Company			0.8	;; <u>)</u>	
	3895 Cardinal (Circle				20/8 AUS 20 BH 11:		
			Address			. O **		
	Bonita Springs	Florida 34134					1.1	
		City/S	tate and Zip Code			- 5		(j)
	Oberdorf4@att.n	et						Ç,
		E-mail address: (to be used	d for future annual	report notification)		=		
For further in	nformation concernin	g this matter, please call:						
Chi	ristopher Oberdorf		734 at (770-7330				
	Name o	f Contact Person	Area Code	Daytime Telepho	ne Number	-		
Div Reg P.O	ision of Corporations distration Section Box 6327 haassee, FL 32314			STREET ADDRESS: Division of Corporation Registration Section Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns Circle			
	check for the follow 125.00 Filing Fee	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	-	Filing Fee, C Certified Co		ıte	



COVER LETTER

·TO:		ation Section n of Corporation	as				
SUBJE		erdorf Home M	aintenance & Repairs L.L	.C.			
30001	.c.i		Name of	Limited Liabil	ity (lompany	
						tion to Transact Business in Florida," Certi ed liability company to transact business in	
Please	return all	correspondence c	concerning this matter to the	following:			
		Christopher O	berdorf				
			И	ame of Person			
		Oberdorf Hom	e Maintenance & Repairs	;			
			F	пп/Company		_	
		3895 Cardinal	Circle				
				Address			
		Bonita Springs	s Florida 34134				
			City/S	tate and Zip C	ode		
	1	oberdorf4@att.i	net				
	•		E-mail address: (to be used	d for future and	nual	report notification)	
For fur	ther infor	nation concerning	g this matter, please call:				
	Christo	pher Oberdorf		734 at (770-7330	
		Name o	f Contact Person	Area Co	ode	Daytime Telephone Number	
		NG ADDRESS: of Corporations				STREET ADDRESS: Division of Corporations	
	Registra	ttion Section				Registration Section	
	P.O. Bu Tallaha:	x 6327 ssee, FL 32314				Clifton Building 2661 Executive Center Circle	
						Tallahassee, FL 32301	
8		HORIDE J. FLORIDE	ing amount: ■ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 l Certified Co		g Fee & \$160,00 Filing Fee, Certific of Status & Certified Copy	ate



August 29, 2018

CHRISTOPHER OBERDORF 3895 CARDINAL CIRCLE BONITA SPRINGS, FL 34134

SUBJECT: OBERDORF HOME MAINTENANCE & REPAIRS L.L.C.

Ref. Number: W18000072946

We have received your document for OBERDORF HOME MAINTENANCE & REPAIRS L.L.C. and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

I am enclosing a sample of a Certificate from Michigan.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 618A00016648

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

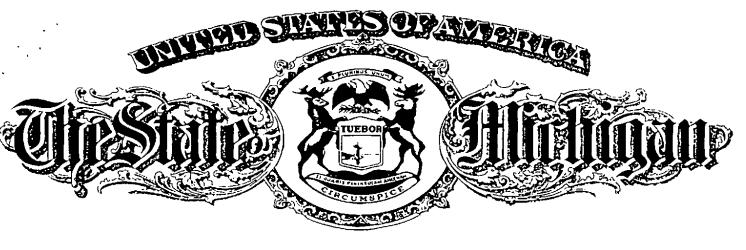
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name or roreign	Limited Liability Company; must include "Lin	nited Liability Com	pany," "L.L.C.," or "LEC."	'i		
(If name unavailable, enter alternate o	ame adopted for the purpose of transacting business in	Florida, The alternate	name must include "Limited Li.	ability Company," "Li	C or	1,LC,")
_{2.} Michigan		_{3.} 16-	1783354			
(Jurisdiction under the law of wh	hich foreign limited hability company is organized)		(FEI nun	iber, if applicables		
4	(Date first transacted business in Florida, if prior	to registration i				
	(See sections 605.0904 & 605.0905, F.S. to dete	rmine penalty liability				
5. 33750 Clinton Street		6. <u>337</u>	50 Clinton Street	Line in the second		
(Street Address of) Wayne	Tincipal Office)	Way	(Mailing Ad	dress)	19	
Michigan 48184		Micl	nigan 48184	<u> </u>	<u>; </u>	
7. Name and street addres	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> accep	table)	HUSSY AMA	=======================================	
Name:	Christopher Oberdorf				B	ļ i
Office Address:	3895 Cardinal Circle		_	983	6:	<u>C.</u> ,
	 -		_	Tr:	ľ.	
	Bonita Springs		Florida 34134	••		
Having been named as re designated in this applica	(City) tance: gistered agent and to accept service o tion, I hereby accept the appointment	t as registered (agent and agree to ac	d liability comp t in this capacit	y. I fu	rther ag
Having been named as re designated in this applica to comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop to of my position as registered agent.	i as registered over and comple	Zip co he above stated limited agent and agree to act	d liability comp t in this capacit	y. I fu	rther ag
Having been named as redesignated in this applicate to comply with the provision and accept the obligation: 8. The name, title or capa	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop ts of my position as registered agent. (Registered agent tecty and address of the person(s) who	t as registered over and comple See all comple ('s signature) thas/have author	the above stated limited agent and agree to act the performance of my or the performance of my o	d liability comp t in this capacit duties, and I a	y. I fu m fam	rther ag iliar with
Having been named as redesignated in this applicate to comply with the provisionand accept the obligations	tance: gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the prop to of my position as registered agent. (Registered agent	t as registered over and comple See all comple ('s signature) thas/have author	(Zip co the above stated limited agent and agree to act te performance of my	d liability comp t in this capacit	y. I fu m fam	rther agi iliar with
Having been named as redesignated in this applicate to comply with the provision and accept the obligation: 8. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. (Registered agent agent and address of the person(s) who Name and Address: Christeph Olra-	t as registered over and comple See Let's signature) That have author Title or Let's signature	the above stated limited agent and agree to act the performance of my or the performance of my o	d liability comp t in this capacit duties, and I a	y. I fu m fam	rther agi iliar with
designated in this applicate comply with the provisionand accept the obligation: 8. The name, title or capa Title or Capacity:	tance: gistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. (Registered agent agent and address of the person(s) who Name and Address: Christeph Olra-	t as registered over and comple See Let's signature) That have author Title or Let's signature	the above stated limited agent and agree to act the performance of my or the performance of my o	d liability comp t in this capacit duties, and I a	y. I fu m fam	rther ag iliar with
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Christoph Oberdond
Signature of an authorized person

Christophie a Objector

Typed or printed name of signer



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

OBERDORF HOME MAINTENANCE AND REPAIRS, LLC

was validly authorized on October 15, 2010, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY, and said limited liability company is validly in existence under the laws of this state and has satisfied its annual filing obligations.

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by electronic transmission

Certificate Number: 19010338690

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 14th day of January, 2019.

Julia Dale, Director

Corporations, Securities & Commercial Licensing Bureau