2/18/2019



## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803 (855)330-1010

Phone Fax Number

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## **Foreign Limited Liability Company** Savior Enterprise LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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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:

Savior Enterprise	LLC Limited Liability Company, must include "Limited	Liability Company," "L.L.C.," or "LLC.")		
Roof Saviors LLC				
(if name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	da. The alternate name must mehide "Limited Liab	oility Company," "L.L.C," or "LLC.")	
2. Delaware (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. 83-3057562 (FEI mumb	er, il applicable)	
4	(Date first transacted business in Florida, if prior to it (See sections 605 0904 & 605 0905, F.S. to determin	rgistization.)		
< 7901 4th St N	(See vections our date & top 0403, 1.5 to determine	6 7901 4th St N		
5 /901 4th St N (Street Address of F	rincipal Office)	(Mailing Addr	ress)	
STE 300		STE 300		
St. Petersburg FL 33702		St. Petersburg FL 33702		
			7	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)	1 m	
Name:	Registered Agents Inc.		HASS B	
Office Address:	7901 4th St N STE 300		EB 18 A	
	St. Petersburg	, Florida 33702		
Registered agent's accep	(City)	(Zip cod	5: 2	
	ions of all statutes relative to the proper is of my position as registered agent.  But I Registered agent's s		tuties, and 1 am jamitiar with	
8. The name, title or caps <u>Title or Capacity:</u>	neity and address of the person(s) who has Name and Address:	s/have authority to manage is/are: <u>Title or Capacity:</u>	Name and Address:	
MGR	Ramy Girgis			
	7901 4th St N STE 300 St. Petersourg, FL 33702			
	<del></del>			
		•		
(Use attachments if neces	sary)			
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)	luly authenticated by the official ha is in a foreign language, a translat	iving custody of records in the ion of the certificate under oath	
10. This document is exec submitted in a document to	outed in accordance with section 605,0203 to the Department of State constitutes a thi	(1) (b), Florida Statutes, I am awar rd degree felony as provided for in	e that any false information s.817.155, F.S.	
	Rily Pek			
	Signature	of an authorized person		
	Riley Park	printed name of signee	<del></del>	
	- ypen u	E		

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAVIOR ENTERPRISE LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAVIOR ENTERPRISE LLC" WAS FORMED ON THE SECOND DAY OF JANUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

2019 FEB 18 A 5: 29

FILED

and deliberate gov/au

Authentication: 202275903

Date: 02-18-19

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SR# 20191086160