

MA000001486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

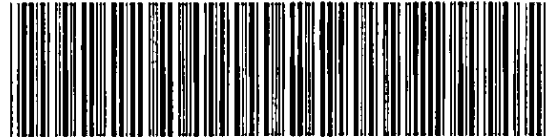
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01 JUN 2010 10:00:00

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2020 JUN 27 A 10:33
FALL RIVER, MA
FALL RIVER, MA

RECEIVED
FEB 07 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESTCO, 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:

RYAN ERICKSON

Name of Person

RESTCO, LLC.

Firm/Company

16248 TUDOR GROVE DRIVE

Address

ORLANDO, FL 32828

City/State and Zip Code

ERICKSONRY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN ERICKSON

208

206-6195

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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. RESTCO, LLC.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter 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. IDAHO

83-2451757

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEL number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 897 WIDDISON LN

6. 16248 TUDOR GROVE DRIVE

(Street Address of Principal Office)

(Mailing Address)

REXBURG, ID

ORLANDO, FL

83440

32828

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

Name: RYAN ERICKSON

Office Address: 16248 TUDOR GROVE DRIVE

ORLANDO

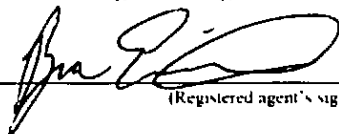
32828

(City)

Florida (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.



(Registered agent's signature)

FILED
2020 Jan 27 A 11:33
TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☐ Manager Name: ERIC ERICKSON

☒ Member Address: 897 WIDDISON LN

☐ Authorized REXBURG, ID 83440

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: RYAN ERICKSON

☒ Member Address: 16248 TUDOR GROVE DRIVE

☐ Authorized ORLANDO, FL 32828

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

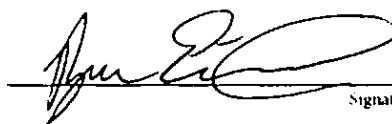
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

 _____
Signature of an authorized person

RYAN ERICKSON

Typed or printed name of signee



STATE OF IDAHO

Lawrence Denney | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

January 24, 2020

Request Type: Certificate of Existence/Filing

Request #: 0003745063

Receipt #: 000277588

Issuance Date: 01/13/2020

Copies Requested: 0

Regarding: RESTCO, LLC

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 11/07/2018

Status: Active-Existing

Duration Term: Perpetual

File #: 3344854

Formation Locale: IDAHO

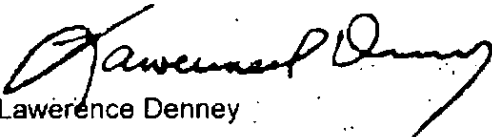
Inactive Date:

Certificate of Existence

I, Lawrence Denney, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

RESTCO, LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.


Lawrence Denney

Idaho Secretary of State

Processed By: Business Division

Verification #: 005707722