7/22/2020 Division of Corporations

Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
R3 Restoration LLC

Certificate of Status	0
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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. R3 Restoration 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. Illinois

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

3. 83-3421405

(FEI number, if applicable)

4.

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

5. 1821 Walden Square

Suite 111

Schaumburg IL 60173

(Street address of Principal Office)

6. 1821 Walden Square

Suite 111

Schaumburg, IL 60173

(Mailing Address)

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (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.

[signature] Eric Jensen - Assistant Secretary

(Registered agent's signature)

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:	Title or Capacity:	Name and Address:
■Manager	Name: Bill Robinson	■Manager	Name: Steve Peldiak
☐Member	Address: 1821 Walden Square	☐Member	Address: 1821 Walden Square
☐Authorized Person	Suite 111 Schaumburg IL 60173	☐Authorized Person	Suite 111 Schaumburg IL 60173
☐Other	☐Other	☐Other	☐Other
■Manager	Name: Billy Watterson	☐Manager	Name:
☐Member	Address: 1821 Walden Square	☐Member	Address:
☐Authorized Person	Suite 111 Schaumburg IL 60173	☐Authorized Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name:	☐Manager	Name:
☐Member	Address:	☐Member	Address:
☐Authorized Person		☐Authorized Person	
☐Other	☐Other	☐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.

Carrie Anderson
Signature of an authorized person

Carrie Anderson
Typed or printed name of signee

File Number 0752445-5

STATE OF ILLINOIS

OFFICE OF

THE SECRETARY OF STATE

To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

R3 RESTORATION LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 04, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

In Testimony Whereof, *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 25TH *day of* JUNE *A.D.* 2020 .

Authentication #: 2017702738 verifiable until 06/25/2021

Authenticate at: http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE