

7/22/2020

Division of Corporations

Florida Department of State

Division of Corporations
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****Enter the email address for this business entity to be used for future
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**Foreign Limited Liability Company
R3 Restoration LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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

IN COMPLIANCE WITH SECTION 905.002, 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," "LLC," or "LLP.")

2. Illinois 83-3421405
(State or nation of incorporation or jurisdiction for purposes of transacting business in Florida. The certificate must include "Limited Liability Company," "LLC," or "LLP.")

3. 1821 Walden Square Schaumburg, IL 60173
(Address under the law of the foreign limited liability company, including zip code)

4. 1821 Walden Square Schaumburg, IL 60173
(If the foreign limited liability company is a partnership, the address of the principal place of business in the foreign country must be stated.)

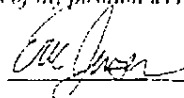
5. Suite 111 Schaumburg, IL 60173
(Physical address of principal place of business in Florida)
Suite 111
Schaumburg, IL 60173

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 33324
Florida
(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.



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:**

☒ Manager Name Bill Robinson

☐ Member Address 1821 Walden Square

☐ Authorized Suite 111

Person Schaumburg IL 60173

☐ Other _____ ☐ Other _____

☒ Manager Name Billy Watterson

☐ Member Address 1821 Walden Square

☐ Authorized Suite 111

Person Schaumburg IL 60173

☐ Other _____ ☐ Other _____

☐ Manager Name _____

☐ Member Address _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name Steve Peldiak

☐ Member Address 1821 Walden Square

☐ Authorized Suite 111

Person Schaumburg IL 60173

☐ 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 605.0703 (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 signer

File Number

0752445-5



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 .

Jesse White

SECRETARY OF STATE