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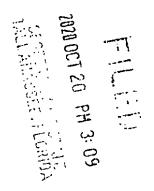
(Re	questor's Name)	_
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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10/26/20



21 Robert Pitt Dr, Suite 310 • Monsey, NY 10952 • 845.356.8390 • Fax 845.356.8397

October 7, 2020

Florida Division of Corporations Registration Section, Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Foreign Qualification Application

To Whom It May Concern:

Enclosed is the Application for Foreign Qualification in the State of Florida that was completed by our customer Removery LLC.

Once the application has been approved please forward evidence of the approval to the following address:

Removery LLC 800 West Cesar Chavez Street, Suite B101 Austin, TX 78701

If there is any issue with the application, or if you require any further information, kindly contact our Business Licensing division directly at the number or address listed below.

Thank you,

Rivky Kornbluth 845-356-8390 ext. 108 21 Robert Pitt Drive, Suite 310 Monsey, NY 10952 kornblur@businesslicenses.com

COVER LETTER

TO:

Registration Section

	rision of Corporations Removery, LLC			
SUBJECT:	Name of	f Limited Liability (Company	•
The enclosed Existence, a	d "Application by Foreign Limited Liability Connd check are submitted to register the above refe	npany for Authoriza renced foreign limit	tion to Transact Business in Florida, ed liability company to transact business.	" Certificate of ness in Florida.
Please return	n all correspondence concerning this matter to th	e following:		
	Andrew Peterson			
)	Name of Person		•
	Removery, LLC			
		Firm/Company	526	287
	800 West Cesar Chavez Street, Suite B10	1		oara oct
		Address		20
	Austin, TX 78701		in the	PH 3: 09
	City/	State and Zip Code		: ص
	APETERSON@REMOVERY.COM		<u> </u>	. 5
	E-mail address: (to be us	ed for future annual	report notification)	•
For further i	nformation concerning this matter, please call:			
An	ndrew Peterson	737 at (860-3228	
	Name of Contact Person	Area Code	Daytime Telephone Number	-
Div Rej P.C	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Illahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Ple	closed is a check for the following amount: tase make check payable to: FLORIDA DEPAR \$125.00 Filing Fee \$130.00 Filing Fee Certificate of S	& S155.00	TE Filing Fee & S160.00 Filing ed Copy of Status & Ce	

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:

f name unavailable, exter alternate n	aine adopted for the purpose of transacting business in Fl	orida The a	lternate name must inclu	de "Limited Liability	Company," "1. 1. 0	C," or "LLC.
Delaware			83-3753779		5. PE	<u>.</u>
(Jurisdiction under the law of w	nich foreign lamited liability company is organized)	3.		(Fi:l mumber, if	applicable)	<u>. </u>
07/01/2020						7 20
·	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration sine penalty	i) hability)			PI
800 West Cesar Chave		6.	800 West Cesar	Chavez Street	Suite B101	بب
(Street Address of F	rincipal Office)	0.		(Mailing Address)		5
Austin, TX 78701			Austin, TX 7870	וו	7	
Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)			
Name:	Business Filings Incorporated					
Office Address:	1200 South Pine Island Road					
	Plantation		, Florida	33324		
	(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.

Brenne Statter, asst. Secretary (Registered agent's signature)

Name and Address:	Title or Capacity	<u>':</u>	Name and Address:
Name: Tom Weber	☐ Manager	Name:	
Address: 800 West Cesar Chavez Street	Member	Address:	
Suite B101	☐ Authorized		
Austin, TX 78701	Person		
Other	Other		Other
			2020 O
Name:	Manager Manager	Name:	
Address:	☐ Member	Address:	20 12 12 12 12 12 12 12 12 12 12 12 12 12
	Authorized		70 -0 17
	Person		<u> </u>
Other	Other		Other 5
Name:	Manager Manager	Name:	
Address:	Member	Address:	
	Authorized		
	Person		
Other	Other		Other
	Name: Other Name: Other Address: Address:	Suite B101	Suite B101

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REMOVERY, 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 SIXTH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REMOVERY, LLC"

WAS FORMED ON THE TWENTY-SECOND DAY OF FEBRUARY, A.D. 2019.

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

PH 3: 10

Authentication: 203804111

Date: 10-06-20

7293003 8300 SR# 20207671526