

M20000010238

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H20000392104 3))



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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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Foreign Limited Liability Company  
ATI Restoration, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILE SECOND AFTER H20000392094

Electronic Filing Menu Corporate Filing Menu

Help NOV 13 2020

M. SOLOMON

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. ATI 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. DE 33-0352215
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 3360 East La Palma Ave.
Anaheim, CA 92806
(Street Address of Principal Office)

6. 3360 East La Palma Ave.
Anaheim, CA 92806
(Mailing Address)

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

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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.

By: James M. Halpin, Asst. 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:**  **Manager** **Name and Address:** Name: Pierre LeComte  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** 3360 East La Palma Ave.  
Anaheim, CA 92806  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Title or Capacity:**  **Manager** **Name and Address:** Name: Michael Layman  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** 3360 East La Palma Ave.  
Anaheim, CA 92806  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** **Name and Address:** Name: James Zelnick  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** 3360 East La Palma Ave.  
Anaheim, CA 92806  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** **Name and Address:** Name: Gary Moore  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** 3360 East La Palma Ave.  
Anaheim, CA 92806  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

**Manager** **Name and Address:** Name: Ryan Moore  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** 3360 East La Palma Ave.  
Anaheim, CA 92806  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

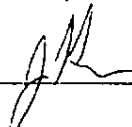
**Manager** **Name and Address:** Name: \_\_\_\_\_  
 **Member** Address: \_\_\_\_\_  
 **Authorized Person** \_\_\_\_\_  
 **Other** \_\_\_\_\_  **Other** \_\_\_\_\_

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 STATE OF FLORIDA  
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**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  
 Jennifer Kurz, Authorized Person  
 \_\_\_\_\_  
 Typed or printed name of signee

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ATI RESTORATION, 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 ELEVENTH DAY OF NOVEMBER, A.D. 2020.

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



3321919 8300

SR# 20208338400

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204053865

Date: 11-11-20