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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

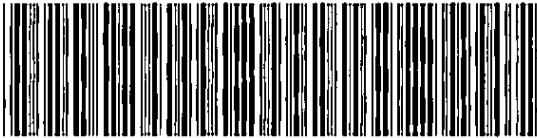
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

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US
1/26/21

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fire Recovery USA, LLC

Signature _____

Requested by: Seth

01/21/21

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

**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. FIRE RECOVERY USA, 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. CALIFORNIA 3. 26-2305306
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2271 LAVA RIDGE COURT
(Street Address of Principal Office)
SUITE 120
ROSEVILLE, CA 95661

6. 2271 LAVA RIDGE COURT
(Mailing Address)
SUITE 120
ROSEVILLE, CA 95661

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TALLAHASSEE, FL

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

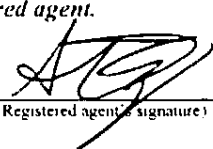
Name: YOUR CAPITAL CONNECTION, INC.

Office Address: 417 E. VIRGINIA STREET, SUITE 1

TALLAHASSEE 32301
_____, 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.


(Registered agent's signature)

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

☒ Manager Name: M. CRAIG NAGLER

2271 LAVA RIDGE COURT

☐ Member Address: SUITE 120

☐ Authorized ROSEVILLE, CA 95661

Person

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>RICHARD B. BENNER</u>
	<u>2271 LAVA RIDGE COURT</u>
<input type="checkbox"/> Member	Address: <u>SUITE 120</u>
<input type="checkbox"/> Authorized	<u>ROSEVILLE, CA 95661</u>
Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____


☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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)

by the Department of State constitutes a third degree felony as provided for in s.81



Signature of an authorized person.

Typed or printed name of signer



Secretary of State Certificate of Status

I, JAMES SCHWAB, Acting Secretary of State of the State of California, hereby certify:

Entity Name: FIRE RECOVERY USA, LLC
File Number: 200808110377
Registration Date: 03/21/2008
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of January 20, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of California
this day of January 21, 2021.

JAMES SCHWAB
Acting Secretary of State

Certificate Verification Number: R9VAN4Y

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at ebizfile.sos.ca.gov/certification/index.