

4/8/2021

Division of Corporations

Florida Department of State
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Foreign Limited Liability Company
The Water Restoration Group LLC

Certificate of Status	0
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FLORIDA
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App Subs

April 1, 2021

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
Attention: Corporate Filings

Re: Consent to Foreign Qualification of The Water Restoration Group, LLC ("Newco").

Dear Sir or Madam:

The undersigned is the President of The Water Restoration Group, Inc. - Florida Document Number: P15000009448 (the "Subject Entity").

Along with this letter, the Subject Entity is filing an amendment to its articles of incorporation to change its name to "The Water Restoration Group Holdings, Inc." Simultaneously with such filing, Newco will be filing its documentation to qualify as a foreign limited liability company authorized to do business in the State of Florida, under the name "The Water Restoration Group, LLC".

As the President of the Subject Entity, I hereby authorize and consent to the qualification of Newco under the name "The Water Restoration Group, LLC".

Sincerely,

Henry Dow

Henry Dow, President

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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. The Water Restoration Group 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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 186-2469186
(File 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. 555 NW 95th Street
(Street Address of Principal Office)
Miami, FL 33150

6. 555 NW 95th Street
(Mailing Address)
Miami, FL 33150

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

Name: Henry Dow

Office Address: 555 NW 95th Street

Miami, Florida 33308
(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.

Henry Dow
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Henry Dow	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 555 NW 95th Street	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	Miami, FL 33150	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.



 Signature of an authorized person
 Henry Dow

 Typed or printed name of signee

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Rgs 4005

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE WATER RESTORATION GROUP, 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 THIRTIETH DAY OF MARCH, A.D. 2021.



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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SR# 202109G1488

You may verify this certificate online at corp.delaware.gov/authver.shtml

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