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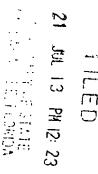
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COVER LETTER

TO: Registration Division of C			
SUBJECT: H&N	A Restoration Servi	ces, LL	_C
SOLUCI.		nited Liability	
The enclosed "Applicate Existence, and check as	tion by Foreign Limited Liability Compan re submitted to register the above referenc	y for Authorizz ed foreign limi	ation to Transact Business in Florida," Certificate of ted liability company to transact business in Florida.
Please return all corresp	pondence concerning this matter to the fol	lowing:	
Mi	chael C. Boykins		
	Name	e of Person	
H	&M Restoration Ser	vices,	LLC
	Fimv	/Сотрапу	
92	08 Holland Place		
	A	ddress	
La	wrenceville, GA 30	043	
	City/State	and Zip Code	
mik	ceb@handmrestora	ition.co	om
.	E-mail address: (to be used fo	r future annual	report notification)
For further information	concerning this matter, please call:		
Michae	el Boykins	,678	<u>4718616</u>
	Name of Contact Person	Area Code	Daytime Telephone Number
MAILING AI Division of Co Registration Se P.O. Box 6327 Tallahassee, Fl	rporations ection		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	heck for the following amount: neck payable to: FLORIDA DEPARTM	ENT OF STAT	re
□ \$125.00 Fi		\$155.00	Filing Fee & \$160.00 Filing Fee, Certificate of Conv.

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

3. 83-3272498 (FEI number, if applicable)		
(FEI number, if applicable)		
nescration)		
personal land		
ine penalty liability)		
6. 9208 Holland Place		
Lawrenceville, GA		
30043		
S Inc.		
E 300		
, Florida 33702		
(Zip code)		
•		

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: Title or Capacity: Name and Address: Name: Michael Boykins Manager ■ Manager Address: 9208 Holland PL J/Member ☐ Member Address: ____ Lawrenceville, GA 30043 Muthorized Authorized Person Person Other____ Other Other Other Manager Name: Manager Name: Member Address: ☐ Member Address: Authorized ☐ Authorized Person Person Other____ Other_ Other Other Manager ■ Manager Name: _____ Member Address: Member Address: Authorized Authorized Person Person Other____ Other Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Weekall C. Boyless
Signature of an authorized person Michael C. Boykins

Typed or printed name of signee

Control Number: 16072177

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

H&M Restoration Services, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21047110 Date Inc/Auth/Filed: 07/21/2016 Jurisdiction : Georgia Print Date : 07/06/2021

Form Number : 211



Brad Raffensperger

Secretary of State