

8/10/2021

Division of Corporations

M21 000010704

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210003013253ABCR

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To:

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

From:

Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: accountant@taxzonefl.com

Foreign Limited Liability Company
POWER REMODELING AND FLOORING LLC

Certificate of Status	1
Certified Copy	0
Page Count	06
Estimated Charge	\$130.00

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4210003018253

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POWER REMODELING AND FLOORING LLC

 Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

SAMARIS HERNANDEZ

 Name of Person

POWER REMODELING AND FLOORING LLC

 Firm/Company

13607 WATERHOUSE WAY

 Address

ORLANDO, FL 32828

 City/State and Zip Code

ACCOUNTANT@TAXZONEFL.COM ✓

 E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMARIS HERNANDEZ

201

5549306

 Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:

Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
 Certificate of Status

☐ \$155.00 Filing Fee &
 Certified Copy

☐ \$160.00 Filing Fee, Certificate
 of Status & Certified Copy

421000303253

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. POWER REMODELING AND FLOORING 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. NEW JERSEY

(Jurisdiction under the law of which foreign limited liability company is organized)

04-50592374

3. (FEI number, if applicable)

4. 08/01/2021

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

5. 13607 WATERHOUSE WAY

(Street Address of Principal Office)

ORLANDO, FL 32828

6. 13607 WATERHOUSE WAY

(Mailing Address)

ORLANDO, FL 32828

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

Name: SAMARIS HERNANDEZ

Office Address: 3607 WATERHOUSE WAY

ORLANDO

(City)

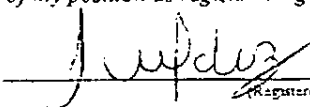
. Florida

32828

(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)

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SECRETARY OF STATE
TALLAHASSEE, FL

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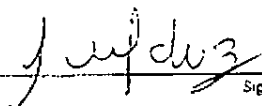
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: SAMARIS HERNANDEZ	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3607 WATERHOUSE WAY	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	ORLANDO, FL 32828	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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	_____	<input type="checkbox"/> Authorized	_____
Person	_____	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
 Samaris Hernandez

 Typed or printed name of signer

4210003013253

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

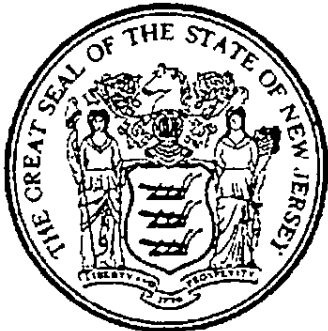
POWER REMODELING AND FLOORING LLC
0450592374

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 18, 2021.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

SAMARIS HERNANDEZ
82 HOPKINS AVE APT 2
JERSEY CITY, NJ 07306



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 4th day of August, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6121866206

Verify this certificate online at:

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp