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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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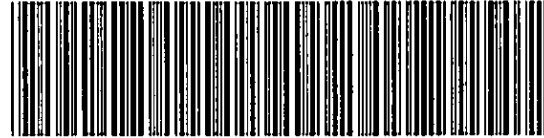
(Business Entity Name)

(Document Number)

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2022 OCT 18 PM 2:22

S. FRANKLIN

OCT 30 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Superior Insurance Restoration Specialists 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:

James Ryan
Name of Person

Superior Insurance Restoration Specialists LLC
Firm/Company

15821 Timbervalley Rd. Apt. G
Address

Chesterfield/ Missouri 63017
City/State and Zip Code

james@thesuperiorway.pro
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Ryan at (314) 504-6599
Name of Contact Person 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

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F: 2:22

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. Superior Insurance Restoration Specialists LLC.
(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

Superior General Contracting 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. Missouri 3. 88-3985315
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/14/2022
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4100 Shaw Blvd. Saint Louis, MO 63110 6. 15821 Timbervalley Rd.
(Street Address of Principal Office) (Mailing Address)

Apt. G

Chesterfield, MO 63017

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

Name: Samuel Eldridge

Office Address: 4320 Riesswood Loop

Palmetto, Florida 34221
(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.

Samuel Eldridge

(Registered agent's signature)

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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]:

Title or Capacity: Name and Address:

☐ Manager Name: James Ryan

☒ Member Address: 15821 Timbervalley Rd.

☐ Authorized Apt. G

Chesterfield, MO 63017

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Bryan Flynn

☒ Member Address: 112 Birchwood Dr.

☐ Authorized Ballwin, MO 63011

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Jake Eldridge

☒ Member Address: 1 The Crossings Ct.

☐ Authorized O'fallon, MO 63366

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____


Person _____

☐ Other _____ ☐ 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.

James Ryan  _____
Notary Public authorized person

James Ryan

Typed or printed name of signer

STATE OF MISSOURI



John R. Ashcroft
Secretary of State
CERTIFICATE OF ORGANIZATION

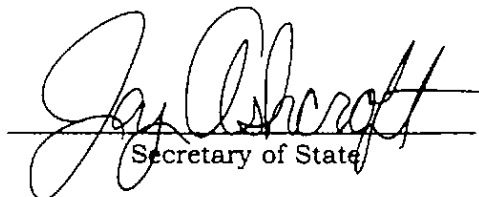
WHEREAS,

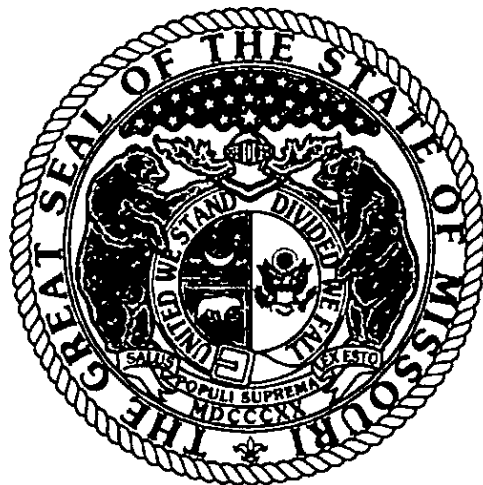
SUPERIOR INSURANCE RESTORATION SPECIALISTS LLC
LC014402773

filed its Articles of Organization with this office on the 31st day of August, 2022, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 31st day of August, 2022, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 31st day of August, 2022.


Secretary of State



10766
10 AUG 2022