

M23000010 708

(Requestor's Name)

{Address}

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

MAIL

(Business Entity Name)

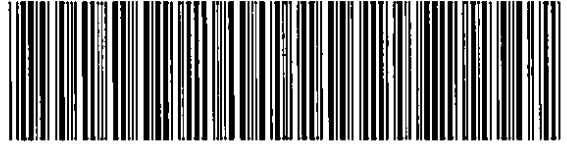
(Document Number)

Certified Copies _____

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Office Use Only



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2023 AUG 16 PM 2:45

STATE OF TEXAS

RECEIVED

AUG 16 AM 11:41

WILLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 08/16/23
Order #: 1254050-1
Re: Water Damage Clean, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$155.00 - FL State Account Number:

I20000000195

auth

A handwritten signature in black ink, appearing to read "Eyliena Baker", is written over the word "auth".

Please take the following action:

File in your office on basis

Issue Proof of Filing

Issue Certified Copy

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Water Damage Clean, 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:

Jared D. Berklec - Paralegal

Name of Person

Ice Miller LLP

Firm/Company

1500 Broadway, Suite 2900

Address

New York, NY 10036

City/State and Zip Code

jared.berklec@icemiller.com

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

For further information concerning this matter, please call:

Jared D. Berklec - Ice Miller LLP

212

824-4975

at (_____) _____

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

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. Water Damage Clean, 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. 93-1689526

(FEI number, if applicable)

4. Upon filing

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

5. 501 Brickell Key Dr., Suite 104

(Street Address of Principal Office)

Miami, FL 33131

6. 8201 Peters Road, Suite 1000

(Mailing Address)

Plantation, FL 33324

FILED
2023 AUG 16 PM 2:45
SECRETARY OF STATE

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

By:

Corporation Service Company

(Registered agent's signature)

Eylina Baker
Assistant Vice President

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: NMR Holdco, LLC

☒ Member Address: 501 Brickell Key Dr., Suite 104

☐ Authorized Miami, FL 33131

Person

☐ Other ☐ Other

☒ Manager Name: Tommy Dziedzic

☐ Member Address: 501 Brickell Key Dr., Suite 104

☐ Authorized Miami, FL 33131

Person

☐ Other ☐ Other

☒ Manager Name: Kareem Mahmoud

☐ Member Address: 515 Madison Ave, 8th Floor

☐ Authorized New York, NY 10022

Person

☐ Other ☐ Other

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

☒ Manager Name: Elie P. Azar

☐ Member Address: 501 Brickell Key Dr., Suite 104

☐ Authorized Miami, FL 33131

Person

☐ Other ☐ Other

☒ Manager Name: Judd Kohn

☐ Member Address: 500 W Madison, Suite 1000

☐ Authorized Chicago, IL 60661

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.

- DocuSigned by:

Elie Azar

Signature of an authorized person

Elie P. Azar

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WATER DAMAGE CLEAN, 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 FIFTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "WATER DAMAGE CLEAN, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

7479358 8300

SR# 20233256732

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

Authentication: 203969707

Date: 08-15-23