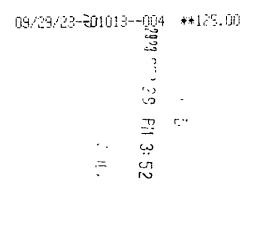
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## COVER LETTER

TO:	Registration Section Division of Corporations					
SURJ	Diamond Home Protection, LLC					
Name of Limited Liability Company						
		bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida				
Please	return all correspondence concerning this ma	atter to the following:				
	Tiffany Kasick					
	<del>*</del>	Name of Person				
	Diamond Home Protection, LLC					
	· · · · · · · · · · · · · · · · · · ·	Firm/Company				
	109 East 1st Street					
	<del></del>	Address				
	OFallon IL 62269					
	City/State and Zip Code					
	contact@thrivecompliance.org					
	E-mail address:	(to be used for future annual report notification)				
For fu	rther information concerning this matter, plea	se call:				
Tiffany Kasick		618 972-3422 at ( )				
	Name of Contact Person	Area Code Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations		Street Address:				
		Registration Section				
		Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
	ramanassee, FL 32314	Tallahassee, FL 32303				
	Enclosed is a check for the following amore Please make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 Filing Certification   \$\square\$ \$125.00 Filing Fee \$130.00 Filing Fee \$130	DEPARTMENT OF STATE				

## 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:

Diamond Home Protec	•						
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Co	impany, "L.L.C.," or "L.L.	C.")			
(If name unavailable, enter atternate	name adopted for the purpose of transacting business ir. FE	orida. The alter	nate name must include "Limi	ted Liability	Company	v," "L.L.C	." or ' LLC "
Delaware	high foreign limited liability company is organized)	3					
Durisaistion under the law of which foreign limited liability company is organized)			3. (FE) number, if applicable)				
N/A 4							
	(Date first transacted business in Florida, if prior to (See centions 605-0404-& 605-0405, F.S. to determine	registration ( ne penalty liabi	hty)	·-··	<del>-</del>		
109 East 1st Street		109	9 East 1st Street				
5. (Street Address of Principal Office)			(Mailing Address)				
OFallon IL 62269		OF	allon IL 62269				
		_		<i>ن</i> ټ		20	
<ol> <li>Name and street address</li> </ol>	ss of Florida registered agent: (P.O. Box	NOT acce	eptable)			153 c	
						دده	
Name:	Corporation Service Company					29	-
Office Address:	1201 Hays Street					Ξ	ů.
Office Address:			<del></del>		·	دب	
	Tallahassee		32301 , Florida		<del>=</del> ; <i>=</i>	52	
	(Cúy)		(Zip coo	Je)	-		

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.

Matthew Gavidia Matthew Gavidia - Assistant Secretary
(Registered agent's signature)

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:

Mame and Address:

Michael Hall

Michael Hall

Title or Capacity.	vame and Address.	Title of Capacity.	ivanic and Address.
□Manager	Name: Brent Kreke	□Manager	Name: Michael Hall
■Member	Address: 109 East 1st Street	■Member	Address: 109 East 1st Street
□Authorized .	OFallon IL 62269	□Authorized	OFallon II. 62269
Person		Person	
□Other	Other	□Other	Other
□Manager	Name: Jason Schmuck	□Manager	Name: Adam Timmermann
<b>≅</b> Member	Address: 109 East 1st Street	■Member	Address: 109 East 1st Street
□Authorized	OFallon IL 62269	□Authorized	OFallon IL 62269
Person	<u></u>	Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name;
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	Other

<u>Important Notice:</u> 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.

Brent Kreke

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 "DIAMOND HOME PROTECTION 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 FOURTEENTH DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DIAMOND HOME PROTECTION LLC" WAS FORMED ON THE THIRTIETH DAY OF MAY, A.D. 2023.

at corp.delaware.gov/auth

Authentication: 203952616

Date: 08-14-23

7572658 8300 SR# 20233129810