

M24000013126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

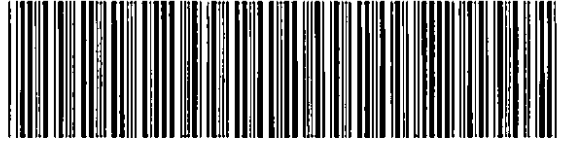
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Disaster Restoration Services 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:

John Sherwood Loyer
Name of Person

Disaster Restoration Services LLC
Firm/Company

12812 Hwy 55
Address

Phymouth MN 55441
City/State and Zip Code

John L @ Loyerrestoration.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Loyer at (612) 387-5933
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. Disaster Restoration Services LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

Lapac Disaster Restoration Services LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

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

3. 46-2294816
(FEI number, if applicable)

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

5. 12812 Hwy 55
(Street Address of Principal Office)

6. _____
(Mailing Address)

Pharmath

MN 55441

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

Anya Bilgutay

Name: _____

Office Address: 10475 Gandy Blvd N # 3325
St. Petersburg, Florida 33702
(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.

Signed by:

[Signature]

(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:

Title or Capacity:

Name and Address:

☒ Manager

Name: Joanne Leyer

☐ Member

Address: 4246 Timber Ridge

☐ Authorized

Hermantown MN 55811

Person

☐ Other

☐ Other

☒ Manager

Name: Martha Berdick

☐ Member

Address: 1250 72nd Avenue

☐ Authorized

Excelsior MN 55432

Person

☐ Other

☐ Other

☒ Manager

Name: Karen Smith

☐ Member

Address: 3030 Homes Ave

☐ Authorized

Unit 341

Person

Minneapolis MN 55408

☐ Other

☐ Other

☒ Manager

Name: Sohn Leyer

☒ Member

Address: 2900 Thomas Ave S

☒ Authorized

Minneapolis MN 55411
#1728

Person

☐ Other

☐ Other

☒ Manager

Name: Serrifer Green

☐ Member

Address: 822 E 7th St

☒ Authorized

Duluth MN 55805

Person

☐ Other

☐ Other

☒ Manager

Name: Chris Shetler

☐ Member

Address: 822 E 7th St

☐ Authorized

Duluth MN 55805

Person

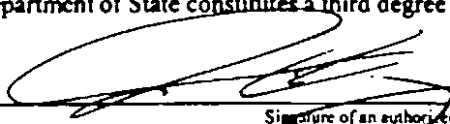
☐ Other

☐ 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.


Signature of an authorized person

Sohn Leyer
Printed name of authorized person

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Disaster Restoration Services, LLC
Date Filed:	03/15/2013
File Number:	661100200028
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 10/15/2024



Steve Simon

Steve Simon
Secretary of State
State of Minnesota