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Fax: 8134365206

Fivida Department of State Division of Corporations Elevating Lover Shelt

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			35.
	Division of Con	rporations	
	Fax Number	: (850)617-6383	
From:			
	Account Name	: REGISTERED AGENTS INC.	-
	Account Number	: 120090000081	
	Phone	: (307)200-2803	
va	Fax Number	: (813)436-5206	
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**Enter the e		r this business entity to be used for t	
- Tarer the e Tarnual	report mailings.	Enter only one email address please.*	*
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Foreign Limited Liability Company FLOOD DEFENSE GROUP LLC

Cenificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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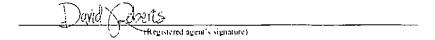
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. (Name of Foreign	Limited Liability Company; must include "Limite	d Liability Comp	NINV." "L.IC." or "ELC.")		
		. ,	•		
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in F	lorida. The alternati	e name mus) melude "Limited Liability	Company," "L.L.C,"	oc"LLC.")
2. ID		,			
thursdiction under the law of w	hich foreign limited liability company is organized)	3	(FEI number, if	applicable)	
4.					
4.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ	registration,) me penalty hability	1		
7901 4th St N STE 300)	7901	4th St N STE 300		
(Street Address of Principal Office)		·	Mailing Address)		
St. Petersburg FL 3370	<u> </u>	St. P	etersburg FL 33702		
				المياب	2û2
 Name and <u>street addres</u> 	ss of Florida registered agent: (P.O. Box	. <u>NOT</u> ассерт	able)		2024 (55)
Name:	Registered Agents Inc			•	: 12
Maine.			_	•	-
Office Address:	7901 4th St N STE 300			•	
	St. Petersburg		, Florida 33702		,N,
	(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.



	Name and Address:	Title or Capacit	<u>v:</u>	Name and Address
⊠Manager	Name: Nahas, Alison	□Manager	Name:	
□Member	Address: 7901 4th St N STE 300	□ Member	Address:	
□Authorized	St. Petersburg FL 33702	□Authorized		
Person		Person		· · · · · · · · · · · · · · · · · · ·
□Other	□Other	□ Other		Other
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
TA uthorized		□Authorized	_	
Person		Person		
□Other	Other	Other	,	□Other
∐Manager	Name:	⊔Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
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	Other	□Other		□Other
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Important Notice: Uindexed individuals 9. Attached is a cert jurisdiction under the	Use an attachment to report more than six (6 may be added to the index when filing you ifficate of existence, no more than 90 days one law of which it is organized. (If the certif	r Florida Department of St old, duly authenticated by icase is in a foreign langua	tate Annual Rep the official havi tge, a translation	ort form. ng custody of records in a of the curtificate unde
Important Notice: Uindexed individuals 9. Attached is a cert jurisdiction under the	may be added to the index when filing you. ificate of existence, no more than 90 days one law of which it is organized. (If the certif	r Florida Department of St old, duly authenticated by icase is in a foreign langua	tate Annual Rep the official havi tge, a translation	ort form. ng custody of records in a of the curtificate unde
indexed individuals 9. Attached is a cert jurisdiction under the	may be added to the index when filing you. ificate of existence, no more than 90 days one law of which it is organized. (If the certif	r Florida Department of Stold, duly authenticated by licate is in a foreign language. 0203 (1) (b), Florida Statua third degree felony as pro-	tate Annual Rep the official havinge, a translation tes. I am aware ovided for in s.8	ng custody of records in of the certificate under that any false information of the certificate under that any false information of the certificate under

Typed or printed name of signee

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STATE OF IDAHO

Phil McGrane | Secretary of State **Business Office** 450 North 4th Street PO Box 83720 Boise, ID 83720

November 8, 2024

Request Type: Certificate of Existence/Filing

Request #:

0005974517

Receipt #:

001060222

Regarding:

FLOOD DEFENSE GROUP LLC

Filing Type:

Limited Liability Company (D)

Formation/Qualification Date: 04/28/2015

Status:

Active-Existing

Duration Term: Perpetual File #:

459346

Formation Locale: IDAHO

Issuance Date: 11/08/2024

Copies Requested:

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

FLOOD DEFENSE GROUP LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

Phil McGrane

Idaho Secretary of State

Processed By: Business Division Verification #: 031420118