

State of Rhode Island

Department of State - Business Services Division

Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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The name of the limited liability company is:		2		
ATI Restoration, LLC				
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes No 🗵				
The name, if different, under which it proposes to register and	transact business in Rhode Is	sland is:		
2. The LLC is organized under the laws of: DE				
3. The date of its organization is: 07/29/2020	-			
And the period of its duration is: CHECK ONE BOX ONLY				
Perpetual (on-going)				
Date certain for dissolution				
4. The name and address of the resident agent/office in Rhod	e Island is:			
Agent Name C T Corporation System				
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A				
City/Town East Providence	State RHODE ISLAND	Zip Code 02914		
5. The purpose or purposes which it proposes to pursue in the	e transaction of business in R	hode Island are:		
Services provider offering restoration, environmental remediation a	nd reconstruction.			
Check the box to indicate an attachment				
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MAIL TO:

Division of Business Services

148 W. River Street. Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 1:02

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The RI Department of State is appointed any time, there is no resident agent or if the diligence.	I the agent of the foreign limited liability company for e resident agent cannot be found or served followin	r service of process if, at g the exercise of reasonable		
7. The address of the office required to be if not so required, of the principal office of the 1209 Orange Street,	maintained in the state or country of its organization the foreign limited liability company is:	n by the laws of that state or,		
Wilmington, DE 19801				
8. The mailing address for the limited liabil	ity company is:	-		
3360 East La Palma Ave., Anaheim, CA 92806		-1		
9. Management of the Limited Liability Cor	npany:			
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX			
By its members (If you have checked	this box, go to Section 9. (DO NOT fill out the chart	below.)		
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MANAGER	ADDRESS			
See Attached Listing				
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.				
11. Date when this application for Certifica	ite of Registration will be effective. CHECK ONE Bo	OX ONLY		
Date received (Upon filing)				
	more than 90 days from the date of filing)			
Under penalty of perjury, I declare and affi accompanying attachments, and that all s	irm that I have examined this Application for Registi tatements contained herein are true and correct.	ration, including any		
Type or Print Name of LLC		Date		
ATI Restoration, LLC		11/12/2020		
Signature of Aylyhorized Person				
Jennifer Kurz, Authorized Person				

Manager Listing for ATI Restoration, LLC

Name	Title	Address
Pierre LeComte	Manager	3360 East La Palma Ave., Anaheim, CA 92806
Michael Layman	Manager	3360 East La Palma Ave., Anaheim, CA 92806
James Zelnick	Manager	3360 East La Palma Ave., Anaheim, CA 92806
Gary Moore	Manager	3360 East La Palma Ave., Anaheim, CA 92806
Ryan Moore	Manager	3360 East La Palma Ave., Anaheim, CA 92806

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ATI RESTORATION, 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 ELEVENTH DAY OF NOVEMBER, A.D. 2020.

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

Authentication: 204053865

Date: 11-11-20