

F17000004076

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H17000241810 3))



H170002418103ADCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-5383

From: Account Name : HARVARD BUSINESS SERVICES, INC.  
Account Number : 120030000045  
Phone : (302) 645-7400  
Fax Number : (302) 645-1250

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: toptreecareinc@gmail.com

FOREIGN PROFIT/NONPROFIT CORPORATION  
Top Tree Care Inc.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$78.75 |

2017 SEP 13 AM 8:57  
TALLAHASSEE, FLORIDA

FILED  
17 SEP 13 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

SEP 13 2017

Electronic Filing Menu Corporate Filing Menu Help

((H17000241810 3))

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Top Tree Care Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. Michigan
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/18/2014
(Date of incorporation) 5.
(Date of duration, if other than perpetual)
6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 3018 Barnes Ave., Waterford, Michigan, 48323
(Principal office address)
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Sean Gennari
Office Address: 1806 South East 9th Terrace
Cape Coral, Florida 33990
(City) (Zip code)

FILED
17 SEP 13 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation 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.

Sean Gennari

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

((H17000241810 3))

((H17000241810 3)))

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Director: Sean Gennari

Address: 3018 Barnes Ave.,

Waterford, Michigan 48328

B. OFFICERS

President: Sean Gennari

Address: 3018 Barnes Ave.,

Waterford, Michigan 48328

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
17 SEP 13 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. Sean Gennari \_\_\_\_\_  
*Sean Gennari*

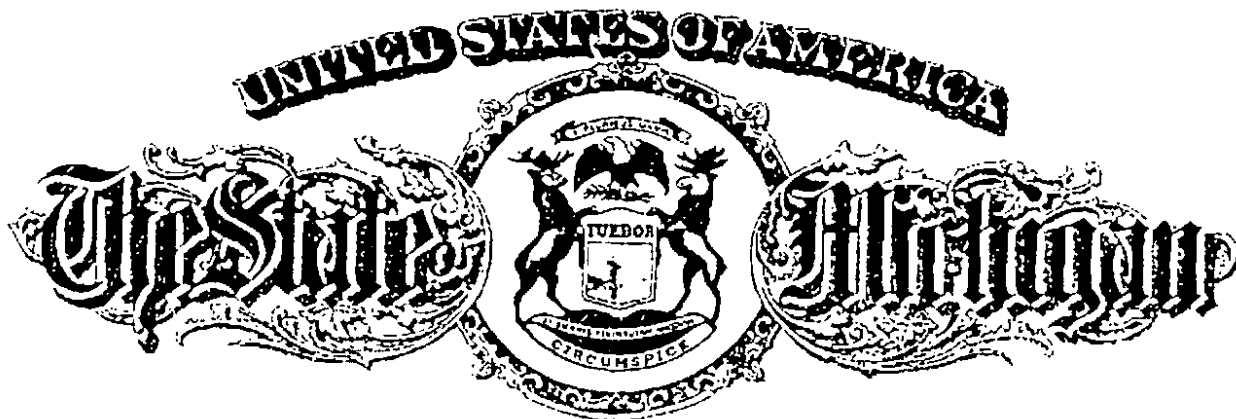
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Sean Gennari, President \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

((H17000241810 3)))



Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

**TOP TREE CARE INC.**

was validly incorporated on November 18, 2014, as a Michigan profit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1972 PA 284, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to transact business and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



Sent by Facsimile Transmission  
1-66808

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 12th day of September, 2017.

*Julia Dale*

Julia Dale, Director  
Corporations, Securities & Commercial Licensing Bureau