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## **COVER LETTER**

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TO:

Registration Section

**Division of Corporations** 

J SUBJECT:	R Landscape & Facility Management, LLC		
SOBSECT	Name of	Limited Liability Company	
The enclosed ". Existence, and	Application by Foreign Limited Liability Com check are submitted to register the above refer	pany for Authorization to Trenced foreign limited liabilit	ansact Business in Florida," Certificate of ty company to transact business in Florida.
Please return al	ll correspondence concerning this matter to the	following:	
	Omayra Quintana		
	N	ame of Person	
	JR Landscape & Facility Management LLC		
	F	irm/Company	
	23 Calle Nunez Romeu W		
		Address	
	Caycy, PR 00736		
	City/S	itate and Zip Code	<del> </del>
	oquintana@jrlandscapeandfacility.com		
	E-mail address: (to be use	d for future annual report no	tification)
For further info	rmation concerning this matter, please call:		
Omay	та Quintana	787 908-67	
	Name of Contact Person	Area Code Day	vtime Telephone Number
Divisi Regist P.O. B	LING ADDRESS: on of Corporations ration Section Box 6327 assee. FL 32314	Division Registrat Clifton E 2661 Exc	of Corporations cion Section Building ecutive Center Circle see, FL 32301
	neck for the following amount: 5.00 Filing Fee \$\square\$ S130.00 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:

C	de de la contraction de la con	44 198 II.		
	ame adopted for the purpose of transacting business in Flor		Liability Company," "L.L.C," or "LLC,"	
Puerto Rico  (Jurisdiction under the law of which foreign limited liability company is organized)		3. 66-0703214 (FEI number, if applicable)		
The section water the proof w	inclinated hadring company is organized,	(FES III	niuci, ii applicable)	
·	(Date first transported business in Florida of owners to			
	(Date first transacted business in Florida, if prior to a (See sections 605 0904 & 605,0905, F.S. to determine	ne penalty hability)		
23 Calle Nunez Rome		6. 23 Calle Nunez Romeu V		
(Street Address of Principal Office) Cayey, Puerto Rico 00736		(Mailing A Cayey, Puerto Rico 0073		
		cayey, racho kico do 13	<u> </u>	
		<del></del>	2. <b>6</b> 2	
. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2916 HA	
	Michael Salcido			
Name:			SSS	
Office Address:	100 Tafflinger Road	<u> </u>	mo _ pre	
	Crawfordville	, Florida <u>32327</u>		
	(City)	, riorida(Zipe	ode)	
comply with the provisi	ions of all statutes relative to the proper s of my position as registered agent.	s registered agent and agree to a and complete performance of m	ct in this capacity. I further y duties, and I am familiar	
o comply with the provisi	ons of all statutes relative to the proper	and complete performance of m	ct in this capacity. I further y duties, and I am familiar	
o comply with the provisind accept the obligation.	ions of all statutes relative to the proper s of my position as registered agent.  Michael Salcido  (Registered agent's s	and complete performance of m	y duties, and I am familiar	
o comply with the provisind accept the obligation.	ions of all statutes relative to the proper s of my position as registered agent.  Michael Salcido	and complete performance of m	y duties, and I am familiar	
o comply with the provision accept the obligation.  B. The name, title or capa Title or Capacity:	ions of all statutes relative to the proper of my position as registered agent.  Michael Salcido  (Registered agent's active and address of the person(s) who han Name and Address:	and complete performance of m  signature)  s/have authority to manage is/are:  Title or Capacity:	y duties, and I am familiar to the second se	
o comply with the provising accept the obligation.  3. The name, title or capa	ions of all statutes relative to the proper of my position as registered agent.  Michael Salcido  (Registered agent's active and address of the person(s) who han Name and Address:	and complete performance of m	y duties, and I am familiar	
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o comply with the provision accept the obligation.  3. The name, title or capa Title or Capacity:  Chief Operations Off	Michael Salcido  Michael Sof the person(s) who ha  Name and Address:  Michael Salcido  Michael Solcido  Michael Solcido  Michael Solcido  Michael Solcido	and complete performance of m  signature)  s/have authority to manage is/are:  Title or Capacity:	y duties, and I am familiar to the second se	
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o comply with the provision accept the obligation.  3. The name, title or capa Title or Capacity: Chief Operations Off  Project Manager  Use attachments if necess. Attached is a certificate prisdiction under the law	Michael Salcido  Michael Salcido  (Registered agent's salcity and address of the person(s) who has Name and Address:  Jose Cotto  Michael Salcido  Michael Salcido  Oramfordville, FL 32327  Sary)  of existence, no more than 90 days old, cof which it is organized. (If the certificate	and complete performance of my signature) s/have authority to manage is/are:	Name and Address: Omayra Quintana	
B. The name, title or capa Title or Capacity: Chief Operations Off  Project Manager  Use attachments if necess. Attached is a certificate	Michael Salcido  Michael Salcido  (Registered agent's salcity and address of the person(s) who has Name and Address:  Jose Cotto  Michael Salcido  Michael Salcido  Oramfordville, FL 32327  Sary)  of existence, no more than 90 days old, cof which it is organized. (If the certificate	and complete performance of my signature) s/have authority to manage is/are:	Name and Address: Omayra Quintana	
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Government of Puerto Rico

## **CERTIFICATE OF EXISTENCE**

I, LUIS G. RIVERA MARÍN, Secretary of State of the Government of Puerto Rico.

CERTIFY: That, JR LANDSCAPE & FACILITY MANAGEMENT LLC, registry number 176475, is a domestic for profit limited liability company, organized on October 24, 2007, in accordance to the General Corporations Law, as amended.

This certification does not certify that this corporation has filed its annual reports, pursuant to the requirements of the General Corporations Law, as amended. If you need to know if such reports have been filed, you must request a Certificate of Good Standing.



IN WITNESS WHEREOF, the undersigned by virtue of the authority vested by law, hereby issues this certificate and affixes the Great Seal of the Government of Puerto Rico, in the City of San Juan, Puerto Rico, today, April 25, 2018.

LUIS G. RIVERA MARÍN Secretary of State

To validate this certificate go to:

http://estado.pr.gov/

This certificate can be validated an unlimited number of times before its expiration date of 25-Apr-2019.

Certificate Validation Number: 247650-33966203