| TO: Registration Sec Division of Corp | | |
|---------------------------------------------------------|-------------------------------------------------------------------------|---|
| SUBJECT: | La Salle Landscaping And | |
| | (Name of corporation - must include suffix) | _ |
| Dear Sir or Madam: | | |
| "Certificate of Existence to transact business in Fl | 400004578284 | 0 |
| Please return all correspondent | ondence concerning this matter to the following: *****87.50 *****87.56 | 3 |
| | Soan Cuttitta WOI-21159 | |
| | (Name of Person) | |
| | La Salle Landscaping Anc. | |
| | (Firm/Company) | |
| | 7711 Trower Road | |
| | (Address) | • |
| | Maples, FL 34109 | |
| | (City/State and Zip code) | |
| For further information of | concerning this matter, please call: | - |
| Carolyn Sa (Name of Person | n) (Area Code & Daytime Telephone Number) \$ 7 | |
| ` | ARY OF ASSES, F | |
| STREET ADDRESS: Registration Section | MAILING ADDRESS: Registration Section Division of Corporations | |
| Division of Corporations 409 E. Gaines St. | Division of Corporations P.O. Box 6327 | |
| Tallahassee, FL 32399 | Tallahassee, FL 32314 wn to | |
| Enclosed is a check for the | he following amount: | |
| □ \$70.00 Filing Fee | ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, | |

Certified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 16, 2001

JOAN CUTTITTA LA SALLE LANDSCAPING, INC. 7711 GROVES ROAD NAPLES, FL 34109

SUBJECT: LA SALLE LANDSCAPING, INC.

Ref. Number: W01000021159

We have received your document for LA SALLE LANDSCAPING, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificateof existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 601A00061750 OF STATE FLORIDA 8:



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 12, 2001

JOAN CUTTITTA LA SALLE LANDSCAPING, INC. 7711 GROVES ROAD NAPLES, FL 34109

SUBJECT: LA SALLE LANDSCAPING, INC.

Ref. Number: W01000021159

We have received your document for LA SALLE LANDSCAPING, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 401A0005 1185

Division of Corporations - P.O. BOX 6327 - Tallahassaa, Florida 2001

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.

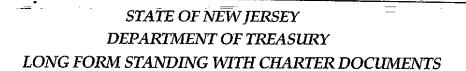
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| Ja | Sollo | Soulseaperg | S

| (Name of corporation; must include the word "INCORPORATED" ("COMPANY", "CORPORATION" or | _ ` |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) | |
| 7 T | - |
| 2 | - |
| | |
| (Date of incorporation) (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual") | |
| | |
| 6 | |
| (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) |) |
| : 6610 Blue Ray Circle | |
| (Principal office address) | - |
| Zaho Worth, FL 33467 | |
| (Current mailing address) | |
| , | |
| · | |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | • |
| . Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) | |
| Name: Caroly Santamaria | |
| office Address:6610 Blue Bay Civolo En > T | |
| | |
| Jaho Worth , Florida 33467 FB I | |
| (City) (Zip code) | |
| D. Registered agent's acceptance: | |
| aving been named as registered agent and to accept service of process for the above stated corporation at the | place |
| esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capa | city. |
| orther agree to comply with the provisions of all statutes relative to the proper and complete performance of m uties, and I am familiar with and accept the obligations of my position as registered agent. | ıy |
| , | |
| _ | |
| Courly Santage | - |
| (Registered agent's signature) | = |

11. 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.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: ____ Address: _____ Vice Chairman: _____ Address: ____ Director: ____ Address: Director: _ Address: ___ B. OFFICERS President: _____ Address: __ Vice President: Address: Secretary: Treasurer: Address: ____ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. oan (uttitle (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)



LA SALLE LANDSCAPING, INC.

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on October 3, 1966.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

1999

I further certify that the registered agent and registered office are:

Joan Cuttitta 95 Wood Street Hasbrouck Heights, NJ 07604

I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:

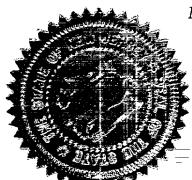
Continued on next page . . .

SECRETARY OF STATE

STATE OF NEW JERSEY DEPARTMENT OF TREASURY LONG FORM STANDING WITH CHARTER DOCUMENTS

LA SALLE LANDSCAPING, INC.

Change Of Registered Office Change Of Agent And Office Change Of Registered Office 09/01/1981 09/10/1998 02/08/2001 100



IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of December, 2001

Peter R Lawrance Acting State Treasurer

Continued on next page . . .

STATE OF NEW JERSEY DEPARTMENT OF TREASURY LONG FORM STANDING WITH CHARTER DOCUMENTS

LA SALLE LANDSCAPING, INC.

Note: Long form standings with charter documents may reflect two dates for filed amendments. The system processing date, which is the date of entry into the State's data base, is always shown immediately to the right of the amendment description. If shown alone, the system processing date also constitutes the filing date for the amendment. If an amendment was reviewed and stamped filed prior to the system processing date, a second date called the back-stamp date is shown at the far right margin. In cases where the two dates are shown, the date at the far right margin date is the actual filing date for the amendment.

SECRETARY OF STATE
TALLAHASSEF FI OPINA