FOODOOHZ18

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| AUTHORIZATION BY PHONE TO |
| DATE (0/19/0Ce |
| DOC. EXAM YEST |

Office Use Only



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SECNETARY OF STATE
TALLAHASSEE, FLORIDA

Now Not

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: DADTive Experts inc. (Name of corporation - must include suffix) |
| |
| Dear Sir or Madam: |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida. |
| Please return all correspondence concerning this matter to the following: |
| Don Sepe TR |
| (Name of Person) |
| D+DTree Exports |
| (Firm/Company) |
| 2894 Sweet Spire CIR (Address) |
| Oviedo FL 32766 |
| (City/State and Zip code) |
| |
| For further information concerning this matter, please call: |
| Don Sepe at 407, 968 4447 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, FL 32301 Tallahassee, FL 32301 |
| Enclosed is a check for the following amount: |
| \$70.00 Filing Fee \$\ \times \$78.75 Filing Fee & Braining Fee & Braining Fee & Certificate of Status & Certified Copy Certified Copy |

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBI REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIE | | |
|--|------------------|---------|
| 1. D + D Tree Service Experts incorporation; must include "INCORPORATED," "COMPANY)" "CORPORATION," | | - |
| "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") | | |
| | | _ |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busing the state of t | ness in Florida) | |
| (State or country under the law of which it is incorporated) (FEI number, if applicable) |) | - |
| 4. Der Der La (Duration: Year corp. will cease to exist of the corp.) | or "nernetual") | - |
| 6 | or perpendial y | _ |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) | | |
| 7. 1771 ATWOOD Ave Johnston RI 029 (Principal office address) | 719 | - |
| 2894 Sweet Spice Olliedo TI. 37766 | SE SE | |
| (Current mailing address) | 58 | |
| B. Profit | ETAN ETAN | FILE |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) | | |
| P. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) | | _ |
| Name: DONALD Sepe JR | 部A DA | |
| Office Address: <u>8894 Sweet Spire cie</u> | | |
| OVIEdo FG, Florida 32766 | | |
| ' (City) (Zip code) | | |
| 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corportesignated in this application, I hereby accept the appointment as registered agent and agree to accurate to comply with the provisions of all statutes relative to the proper and complete perform I am familiar with and accept the obligations of my position as registered agent. | ct in this capac | city. I |
| (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: | | | | <u></u> |
| Address: | | | | |
| | | | AES MAES | 06 |
| Vice Chairman: | | | | <u></u> |
| Address: | | | | <u> </u> |
| | | | | 至 D |
| Director: | | | 981 77 | *** |
| Address: | | | > [11] | က္ |
| | | | | |
| Director | • | ***** | | |
| Director: | | | | |
| Address: | | | | |
| 1771 STUND MO | 919 | | | |
| Vice President: | | | | |
| Address: | | | | |
| | | | | |
| Secretary: | | | | |
| Address: | • • | | | |
| Treasurer: | | | | |
| Address: | | | | |
| , (4.1.55) | | | | |
| NOTE: If necessary, you may attach an addendum to the application li | isting additiona | l officers and | or directo | rs. |
| 13. Dana Depends | | | | |
| (Signature of Director or Officer listed in number | r 12 of the appl | ication) | | |
| 14. (Typed or printed name and capacity of person | cionina centia | ation) | | |
| (Typed of printed name and capacity of person | signing applica | utivii) | | |



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown Secretary of State

The Office of the Secretary of State of the State of Rhode Island and Providence Plantations, HEREBY CERTIFIES, that

D & D Tree Service Experts, Inc.

a Rhode Island corporation, filed articles of incorporation in this office on the 19^{th} day of February, 1998; and

IT IS FURTHER CERTIFIED that as of this date said corporation is duly organized and existing under and by virtue of the laws of the State of Rhode Island and is in good standing according to the records of this office.

SIGNED AND SEALED this sixteenth day of May, A.D. 2006.

Matter Brown
Secretary of State

Explelia Ontonelli

