F21000003929

(Requestor's Name)
(Negaester & 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:
John Marie Land

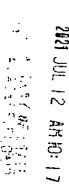
Office Use Only



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06/29/21--01008--032 **87.50



IJUL 14 2021 M. SQLOMON

COVER LETTER

Division of Corporations	
SUBJECT: NELTS	5. Inc
Name of cor	rporation - must include suffix
Dear Sir or Madam:	
	ation for Authorization to Transact Business in Florida," ood Standing" and check are submitted to register the ct business in Florida.
Please return all correspondence concerning th	is matter to the following: Name of Person
P.O. 1	ign/Company Address
Ashay	My R D2804 y/State and Zip code
Whitneya	DEHSING, COM be used for future annual report notification)
For further information concerning this matter, White Manual Matter	, please call: Story 383 - 4157 Area Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPAR \$70.00 Filing Fee Certificate of Sta	e & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee,

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.

(Enter name of corporation; must include "INCORPORA"	Services MC
"Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	TED, COMPANY, CORPORATION,
46 000	
(If name unavailable in Florida, enter alternate corporate in	name adopted for the purpose of transacting business in Florida

2.	KMME_ISIANA 3.	81-5265429						
	(State or country under the law of which it is incorporated)	(FEI number, if applicable)						
4.	February 16, 2017 5							
	(Date of incorporation)	(Date of duration, if other than perpetual)						
6.								
(Date first transacted business in Florida, if prior to registration)								

(is at a first transported desires in Florida, is prior to region and in	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
- 128 POK St Westerly RI 12891	
1. 120 W/ VI WWW 14 N V20 11	
(Principal office street address)	
VIV IN EEL ACHOURN VI VIV	
1.U. DUX JUI MOMMAY NI DAOUT	
(Current mailing address, if different)	

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Office Address:

1019 N 19th Ave Unt-6

, FIC

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.

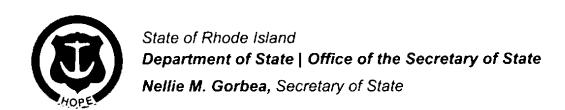
(Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS	0							
□ Chairman	Name: Hoterio Portuncito	□ Chairman	Name:					
□Vice Chairman	Address: 129 OCK Street	□ Vice Chairman	Address:					
□Director	Warry, R. 02891	Director						
President		□President						
□ Vice President		□Vice President						
☐ Secretary	□Treasurer	☐ Secretary		☐Treasurer				
□Other	□ Other	□Other		□Other				
□ Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director		□Director						
□President		□President						
□Vice President		□ Vice President						
☐ Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other		Other		□Other				
□Chairman	Name:	□ Chairman	Name:	F. 10				
□Vice Chairman	Address:	□ Vice Chairman	Address:	<u> </u>				
□Director		Director						
□President		□President		· ~				
□Vice President		□Vice President						
□Secretary	☐Treasurer	☐ Secretary		☐Treasurer				
□Other	Other	Other		Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 Anti	onia Portunato							

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



CERTIFICATE OF GOOD STANDING

I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island, hereby certify that:

Northeast Landscaping & Tree Services, Inc.

is a Rhode Island Business Corporation organized on **February 16, 2017.** I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the corporation is active and in good standing with this office.

This certificate is not to be considered as a notice of the corporation's tax status, financial condition or business practices; such information is not available from this office.

STATE OF STA

SIGNED and SEALED on

Tulli U. Soler

June 24, 2021

Secretary of State

Certificate Number: 21060095430

Verify this Certificate at: http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx

Processed by: dantonelli



July 1, 2021

WHITNEY MUELLER PO BOX 551 ASHAWAY, RI 02804

SUBJECT: NORTHEAST LANDSCAPING & TREE SERVICES, INC.

Ref. Number: W21000094857

We have received your document for NORTHEAST LANDSCAPING & TREE SERVICES, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

RECEIVED

Letter Number: 021A00015082