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COVER LETTER

	stration Section ion of Corporations					
SUBJECT:	The Greenery of North Florida II, Inc.					
	Nam	e of corporation	n - must i	nclude suffix		
Dear Sir or M	ladam:					
"Certificate o	"Application by Foreign of Existence," or "Certificated foreign corporation to	ite of Good Star	nding'' ar	nd check are sub		
Please return	all correspondence concer	rning this matte	r to the fe	ollowing:		
Ted W. Weeks	s IV, Esq.					
		Name of	Person			
Ted W. Weeks	s IV, P.A.					
		Firm/Con	npany			
2117 Harden I	Blvd.					
		Addr	ess			
Lakeland, FL	33803					
		City/State a	and Zip c	ode		
bencampsey@	thregreeneryinc.com					
	E-mail addre	ess: (to be used	for futur	e annual report i	notification)	
For further in	formation concerning this	matter, please	call:			
Ted W. Weeks	s IV, Esq.	863 at (802-5000			
Nan	ne of Person	Area Coo		Daytime Telep	hone 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		
	_	DEPARTMEN'	□ \$ 78.75	ATE 5 Filing Fee & ied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

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 c	orporation; must include "INCORPORATED)," "COMPANY," "CORPORATION,"	
	orp," "lne," "Co," or "Corp.")		
The Greenery of	North Florida II, Inc.		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florid	a)
South Carolina	3	56-1027469	
	y under the law of which it is incorporated)	(FEI number, if applicable)	
4	5		
(Date	of incorporation)	(Date of duration, if other than perpetual)	_
6. March 31, 2021			
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	_
7. 93 Arrow Road,	Hilton Head Island, SC 29939		
, -		fice <u>street</u> address)	_
P.O. Box 6569, 1	filton Head Island, SC 29938		
	(Current mail	ing address, if different)	-
9 N		O. Box NOT acceptable)	
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	•
Name:	Ted W. Weeks IV, P.A.		
Office Address:	2117 Harden Blvd.	פר בב	· . •••
	Lakeland	. Florida 33803	· <u>·</u> -
	(City)	\sim (Zip code)	
Having been nam designated in this further agree to c	application, I hereby accept the appoint	vice of process for the above stated corporation at the timent as registered agent and agree to act in this can relative to the proper and complete performance of cosition as registered agent.	pacity. I

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.

A, DIBECTORS Name: Edwards, William L. ☐ Chairman □ Chairman Name: 93 Arrow Road ☐ Vice Chairman Address: ☐ Vice Chairman Address: Hilton Head Island, SC 29928 □ Director □ Director ■ President □President □ Vice President □ Vice President □Treasurer **Secretary** □Treasurer □ Secretary Other _____ □Other _____ Other _____ □Other ____ Ben Campsey □ Chairman Name: Chairman Name: 93 Arrow Road Address: □ Vice Chairman Address: □Vice Chairman Hilton Head Island, SC 29928 □Director □Director □President □President □ Vice President ☐ Vice President ☐ Secretary ☐Treasurer □ Secretary ☐ Treasurer ■Other CFO □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 _____ 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.

William L. Edwards

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

THE GREENERY, INC., a corporation duly organized under the laws of the State of South Carolina on February 8th, 2002, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 6th day of July, 2021.

Mark Hammond, Secretary of State