Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000369044 3)))



H220003690443ABC/

To:				
	Division of Corporations			7
	Fax Number : (850)617-6383		- 41	7
From:				
i'r Olir.	Account Name : LICENSE EXAM SER	VICES		
	Account Number : I20120000042		• •	
	Phone : (941)685-0955		•	
	. (
**Enter	fax Number : (866)473-0571 the email address for this business	entity to be us	ed for future	
anr	Fax Number : (866)473-0571	entity to be use e email address	ed for future	
anr Ema	Fax Number : (866)473-0571 the email address for this business nual report mailings. Enter only on ail Address:	e email address	ed for future please.**	
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S. ROBERTS OCT 2 8 2022

COVER LETTER

TO:	_	tration S on of Co	ection orporations				
SUBJ	ECT:	SAVE A	A TREE INC				
			Nam	e of corporat	on - 1	nust include suffix	
Dear S	Sir or M	adam:					
"Certi	ficate of	Existen	ntion by Foreign ce," or "Certification to gn corporation to	ate of Good S	tandii	ng" and check are su	act Business in Florida," bmitted to register the
Please	return a	all corres	spondence conce	rning this mat	ter to	the following:	
МІСН	AEL TI	HIBAUL	т				
				Name	of Per	son	
SAVE	A TRE	E INC					
				Firm/Co	mpai	ıy	
520 FC)LLY R	D, STE 2	25 P-318				
	-			Ad	iress		
CHAR	LESTO	N, SC 2	9412				
				City/State	and 2	Zip code	
МІСН	AEL@A	CELAN	DSCAPEDEVEL	OPMENT.CO	M		
						future annual report	notification)
For fur	ther info	ormation	concerning this	matter, pleas	e call:		
ROBIN	OCON	INOR		at (941)	685-0955	
	Name	of Perso	n	Area Co	de	Daytime Telep	phone Number
	Registr Division Clifton 2661 E	ration So on of Co Buildin	rporations g Center Circle	SS:		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	section orporations 7
Enclose	ed is a ci	heck for	the following an	nount:			
■ \$70.	.00 Filin	ig Fec	☐ \$78.75 Fili Certificate			8.75 Filing Fee & entified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

(((H22000369044 3)))

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.

SAVE A TRE					
(Enter name of o "Inc.," "Co.," "C	corporation; must include "INCORPORATED," Corp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION	ON;"		
(If name unavail	lable in Florida, enter alternate corporate name	adopted for the purpose of transact	ting business in Florida)		
SOUTH CAR	OLINA 3	20-2528305			
(State or count	ry under the law of which it is incorporated)	(FEI number, if applicable)			
03/11/2005	5.				
(Date	of incorporation)	(Date of duration, if other than perpetual)			
	(SEE SECTIONS 607.1501 & 607.15	n Florida, if prior to registration) 502. F.S., to determine penalty liab	ility)		
520 FOLLY RD	STE 25 P-318, CHARLESTON, SC 29412	oal office address)			
	(i incip	ar office address)			
	(Current mailin	ng address, if different)	<u> </u>		
	,		1077 1700		
Name and stree	et address of Florida registered agent: (P.C) Box NOT accentable)	2072 OCT 28		
		in the same same same same same same same sam	1 28		
Name:	LICENSE EXAM SERVICES LLC				
Office Address:	4713 WEBBER ST				
	EADASOTA		- - &:		
	SARASOTA (City)	, Florida <u>34232</u>	ហ៊		
	(Chy)	(Zip code)			
aving been nam signated in this rther agree to co	ent's acceptance: ed as registered agent and to accept servic application, I hereby accept the appointm omply with the provisions of all statutes re amiliar with and accept the obligations of	nent as registered agent and ag elative to the proper and comp	ree to act in this capa- lete performance of m		
~ _	Robi CM. O'C.	num	···		
	(Registered as	gent'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.

(((H22000369044 3)))

11. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: THOMAS THIBAULT
Address: 520 FOLLY RD, STE 25 P-318
CHARLESTON, SC 29412
Vice President: MICHAEL THIBAULT
520 FOLLY RD, STE 25 P-318
CHARLESTON, SC 29412
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary you may artach an addendum to the application listing additional officers and/or directors.
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 re true and that he or she is aware that false information submitted in a document to the Department of State constitutes third degree felony as provided for in s.817.155, F.S.
3. MICHAEL THIBAULT, VICE PRESIDENT
(Typed or printed name and capacity of person signing application)

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:

SAVE A TREE, INC., a corporation duly organized under the laws of the State of South Carolina on March 11th, 2005, 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 27th day of October, 2022.

Mark Hammond, Secretary of State