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S. ROBERTS NOV - 2 2022

COVER LETTER

	ation Section n of Corporations			
SUBJECT: S	outhern Design Landscapi	ng, LLC		
SOBOLOT	Name	of corporation -	must include suffix	
Dear Sir or Mac	łam;			
"Certificate of I	Application by Foreign C Existence," or "Certificat d foreign corporation to	e of Good Standi	ng" and check are subm	Business in Florida," itted to register the
Please return all	correspondence concert	ning this matter to	the following:	
Matt Laffey				
		Name of Po	rson	
Southern Design	Landscaping			
		Firm/Compa	nny	
1490 Dahlonega	Highway			
		Address	i	
Cumming GA 30	040			
		City/State and	Zip code	
mattlaffey@att.ne		_		
	E-mail addres	ss: (to be used for	future annual report no	tification)
For further info	mation concerning this	matter, please cal	i:	
Matt Laffey		904 at (Daytime Telephone Number	
Name (of Person	Area Code	Daytime Telepho	one 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		
	eck for the following arr k payable to: FLORIDA E g Fee	DEPARTMENT Ong Fee &	F STATE 178.75 Filing Fee & Certified 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.

L. Southern Design	n Landscaping, LLC			
(Enter name of c	corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp."))," "COMPANY," "CORPORATION,"		
(If name unavail	able in Florida, enter alternate corporate name	e adopted for the purpose of transacting bu	siness in Florida)	
2. Delaware		86-3465998		
	ry under the law of which it is incorporated)	(FEI number, if applica	ible)	
4	5	-		
(Date	e of incorporation) 5	(Date of duration, if other than	perpetual)	
6. Estimated 9-30-	2022			
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)		
77	Highway, Cumming, GA 30040			
Same	(Principal of	fice <u>street</u> address)	2672 M.C.	
<u>.</u>	(Current maili	ing address, if different)	1 12	
8. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)	P ::	
Name:	Corporation Services Company		၄. ၁.	
Office Address:	1201 Hays Street		ယ	
	Tallahassee	, Florida 32301		
	(City)	(Zip code)		

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.

Charlene Sati, Assistant Secretary

(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.

A. DIRECTORS Charlie Bossart Dick McClain □ Chairman ■ Chairman 150 Wacker Drive Suite 2420 150 Wacker Drive Suite 2420 □Vice Chairman Address: □Vice Chairman Address: Chicago, Illinois 60606 Chicago, Illinois 60606 □ Director □ Director □ President □President ☐Vice President ☐ Vice President □ Secretary □Treasurer ■ Secretary □Treasurer Other _____ □Other _____ □Other _____ Other____ Blanchard Benson Deven Bradford □ Chairman ☐ Chairman Name: Address: ____ Mahlonega Highway 1490 Dahlonega Highway □Vice Chairman Address: __ □ Vice Chairman Cumming GA 30040 Cumming, GA 30040 Director Director President ☐ President □Vice President ■ Vice President □ Treasurer □ Treasurer □ Secretary ☐ Secretary □Other _____ Other____ □Other _____ □Other _____ □ Chairman ☐ Chairman Name: _____ 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.

Deven Bradford, Vice Preisdent, Southern Design Landscaping, LLC

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SOUTHERN DESIGN LANDSCAPING, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE NINTH DAY OF SEPTEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTHERN DESIGN LANDSCAPING, LLC" WAS FORMED ON THE SIXTEENTH DAY OF APRIL, A.D. 2021.

Authentication: 204360659

Date: 09-09-22