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T. LEMIEUX MAY - 5 2025



# **CT CORP**

### (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

05/02/2025

D	ate:05/	/02/2025	- will
		Acc#I20160000072	4: ( ) = W
Name:	Davey Tree Sur	gery Company	
Document #:			
Order #:	16256004		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of  Apostille/Notarial Certification:		untry of Destination: mber of Certs:	
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Thank you!

## **COVER LETTER**

	istration Section sion of Corporations			
SUBJECT	DAVEY TREE SURGERY	COMPANY		
			must include suffix	-
Dear Sir or N	Madam:			
"Certificate	d "Application by Foreign Co of Existence," or "Certificate need foreign corporation to t	of Good Stand	ing" and check are sub	
Please return	all correspondence concerni	ing this matter t	o the following:	
		Heather Mice	ozzi	
		Name of P	erson	
		Firm/Comp	anv	
		1500 N Man	•	
		Addres		
		Kent, OH 442	40-2399	
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	ken	neth.krese@dave	·	
-			r future annual report r	notification)
For further is	nformation concerning this m	natter, please ca	II:	
		at (_330	) 673-9511	
Nar	ne of Person	Area Code	Daytime Telepl	hone Number
Regi Divi The 241:	REET/COURIER ADDRES istration Section sion of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite 810 ahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 632' Tallahassee, F	ection orporations 7
	a check for the following amore theck payable to: FLORIDA D ling Fee	EPARTMENT ( ng Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy	<ul> <li>\$87.50 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>

# 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.

D." "COMPANY." "CORPORATION  The adopted for the purpose of transacting  3. 94-1693162  (FEI number, if app  5. Perpetual  (Date of duration, if other the sin Florida, if prior to registration)  1502, F.S., to determine penalty liability  office street address)  ling address, if different)  P.O. Box NOT acceptable)	g business in l'Iorida)  plicable)  han perpetual)
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Florida 33324	: 39
(Zip code)	Φ
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S. Charles	
TARY	<u></u>
signature)	<del>.</del>
	rvice of process for the above stated atment as registered agent and agre s relative to the proper and complet position as registered agent.

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

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 Name: Christopher J. Bast Name: Larry R. Evans □ Chairman □ Chairman Address: 2617 S Vasco Road Address: 2617 S Vasco Road ☐ Vice Chairman ☐ Vice Chairman Livermore, CA 94550 Livermore, CA 94550 □ Director □ Director □ President President ☐ Vice President ■ Vice President □ Secretary ☐ Treasurer □ Secretary **⊠**Other General Manager ☐ Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □Other \_\_\_\_\_ Name: \_ Erika J. Schoenberger Name: Kevin B. Peters □ Chairman □ Chairman Address: \_2617 S Vasco Road □Vice Chairman Address: \_2617 S Vasco Road □ Vice Chairman Livermore, CA 94550 Livermore, CA 94550 □Director □Director President □President ■ Vice President □Vice President □ Secretary □Treasurer □Treasurer ■Other Operations Other General Counsel Other \_\_\_\_\_ Other Name: see attached Name: Thea R. Sears □ Chairman □ Chairman Address: 2617 S Vasco Road ☐ Vice Chairman □ Vice Chairman Address: Livermore, CA 94550 □ Director □ Director □ President □ President ■ Vice President \_\_ ☐ Vice President □ Secretary ☐Treasurer □ Secretary □Treasurer Other Controller □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. 12. /s/ERIKA J. SCHOENBERGER 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. ERIKA J. SCHOENBERGER, SECRETARY

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

# Director's Attachment Entity Name: DAVEY TREE SURGERY COMPANY Director's Address: 2617 S Vasco Road, Livermore, CA 94550

### **Board of Directors:**

Patrick M. Covey, Chairman Joseph R. Paul Robert R. Novembri

Page 1



I, CHARUNI PATIBANDA-SANCHEZ, SECRETARY OF STATE OF THE STATE

OF DELAWARE, DO HEREBY CERTIFY "DAVEY TREE SURGERY COMPANY" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF APRIL, A.D. 2025.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

NAME OF THE PARTY OF THE PARTY

Charuni Patibanda-Sanchez, Secretary of State

C. G. Sancher

Authentication: 203412888

Date: 04-10-25