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EXAMINER



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Turf Solutions Group, LCC Name of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Centering Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in
Please return all correspondence concerning this matter to the following:
Mead D. Babcock Name of Person
Turt Solutions Group, LLC Firm/Company
2414 W. Nobraska Avenue Address
Peovia, IL 61604 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mead D. Babcock at (309) 740-7888 1206 Name of Person Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\sum{\$\sum{\$\sum{\$\sum{\$\sum{\$\sum{\$\chi}\$}}}\$}\$}\$ \$\sum{\$\sum{\$\sum{\$\sum{\$\chi}\$}}\$}\$ \$\sum{\$\sum{\$\sum{\$\sum{\$\chi}\$}}\$}\$ \$\sum{\$\sum{\$\sum{\$\chi}\$}}\$ \$\sum{\$\sum{\$\chi}\$}\$ \$\sum{\$\sum{\$\chi}\$}\$ \$\sum{\$\chi\$}\$ \$\sum{\$\chi}\$ \$

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION OBJUS, FLORIDA STATUTES, THE POLITIONING IS SUBVITTED TO REGISTER A LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	i romer
_	A Comment
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.	— 💨
(common configuration), company, compan	6 G
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of	the writt
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L	iability.
Company," "L.L.C," "LLC.")	•
2 State of Illinois 3 91-0681241	
2. State of Thinois (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
company is organized)	
4. (Date of Organization) 5. (Duration: Year limited liability company will cease	
(Date of Organization) (Duration: Year limited liability company will cease exist or "perpetual")	to
. \.	
6. (Date first transacted business in Florida, if prior to registration.)	
(See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. 2414 W. Nebracka Avenue	
(Street Address of Principal Office)	
(Succi Addiess of Filicipal Office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
Jason Payne: 2414 W. Dobraska Ave: Pearia. It 611	04
Wood Babrock: 2414 W. Nebrasta Ave; Peoria Jub	1604
Scott Pierce: 2414 W. Nebraska Ave.; Peoria IL 6	1604
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language	
translation of the certificate under oath of the translator must be submitted.)	
11. Nature of business or purposes to be conducted or promoted in Florida:	
Turt Solutions Group, LLC	<u> </u>
10 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 - 1	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the	
penalties of perjury that the facts stated herein are true. I am aware that any 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.)	1
Mead D. Babrack	
Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

i. ine name	of the Limited Liability	Company is:
TURF S	OLUTIONS GRO	UP, LLC
lf unavailable	e, the alternate to be use	I in the state of Florida is:
2. The name	and the Florida street ac	dress of the registered agent and office are:
	SIAMAK AZMOUD	EH
		(Name)
	15007 DAWSON	
	Florida Str	eet Address (P.O. Box. NOT ACCEPTABLE)
	TAMPA,	FL 33647
		City/State/Zip
liability comp agent and agr relating to the	any at the place designat ree to act in this capacity. r proper and complete pe I my position as registered	I and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes formance of my duties, and I am familiar with and accept the agent as provided for in Chapter 608, Florida Statutes. [Insull] (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number

0168779-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

TURF SOLUTIONS GROUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 29, 2005, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1210801416

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH

day of

APRIL

A.D.

2012

SECRETARY OF STATE