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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporation	15		
SUBJECT: Pike Lan	10 Services, L	K	
	Name of Limite	d Liability Company	
			to Transact Business in Florida," Certificate of iability company to transact business in Florida
Please return all correspondence of	concerning this matter to the	following:	
	CORY L	Rushing	
	N	ame of Person	
	Pikala	a Same	te 110
***************************************	F	Service irm/Company	3,20
	M17 A 25	- 2 1/1	
	4417 Co. RD.	Address	
		_	
	Roy	AL 3607 tate and Zip Code	<u>7</u>
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	E-mail address: (to be green	pls@yahoo.	notification)
For further information concerning	_		,
Copy 5. Rus	shing	_ at (_ 334)_	403-4204
Name o	f Contact erson	Area Code	Daytime Telephone Number
MAILING ADDRESS:		ET ADDRESS:	
Division of Corporations Registration Section		n of Corporations	
P.O. Box 6327		ation Section Building	
Tallahassee, FL 32314		xecutive Center Circle	
		ssee, FL 32301	
Enclosed is a check for the f	ollowing amount:		
\$125.00 Filing Fee	□ \$130.00 Filing Fee &	□ \$155.00 Filing Fe	ee & \$\Bigsim\$ \$160.00 Filing Fee, Certificate
	Certificate of Status	Certified Copy	of Status & Certified Copy
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage fare ORYE Kushing, PLS Managing Memeter 8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203 E.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.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:
Pike LAND Services LLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Matt Smith
(Name) 206 Shuson Bryon Dr. Florida Street Address (P.O. Box NOT ACCEPTABLE) Panama City Boach FL 32407 FLORE APR 30 Panama City Boach FL 32407
Panama City Boseh FL 32407 FLS W. City/State/Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.
Matter Constitute of the Const
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Pike Land Services, LLC was formed in Pike County, Alabama on January 30, 2015. The Alabama Entity Identification number for this entity is 328-210. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/22/2015

Date

X. W. Merill

John H. Merrill

Secretary of State