(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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IU:	Registration Section	
•	Division of Corporations	
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SUBJECT: Bostwick Tree Service L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Daniel & Bostwick
Name of Person
Bostwick Tree Service LLC.
Firm/Company
12 Arcana Ave
Address
OCE 91 PONT NT 07757 City/State and Zip Code
Bostwick tree @ yahoo . Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Bostwick at (732) 312-4046

Name of Contact 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:

□ \$125.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

\$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH . COMPANY TO TRANSAC	: SECTION 603.0902, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOR TBUSINESS IN THE STATE OF FLORIDA:	REIGN LIMIL	ED UAB	TITY
1 1	Tree Selvice L.L.C. Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.			
(Name of	Foreign Limited Liebility Company; must include "Limited Liability Company," "L.L.C.," or "LL	Æ.")		
It name unavailable, ent liability Company," L.	er atternare name adopted for the purpose of transacting business in Florida. The alternate name n	nust include "I	Limited	
NPID Jers	; /	·		
company is organized	law of which foreign limited liability (FEI number, if applicable)			
Nonz	(Data first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
0 4.		•		
	ek Tree Service L.L.C.	74.4 74.4 74.4	· 6	
12 Accan	AVE OCEANORT NJ 07757 (Street Address of Principal Office)	10 m 12 m	YON 3	
Do Boy	581 OCEANDERS N. 5 07757) <u> </u> (-+1
·	Jan Occidental Delivery		9	
	(Mailing Address)		D.	EI D
. Name and street add	less of Florids registered agent: (P.O. Box NOT acceptable)	82	ë	
Name:	X. Da Shi HT Dannie Shields III	茅門	42	
Office Addres	s: 1901 Date Dalm Dr.			
	Si 1101 Date parm 1112 Golgewater Florida 32141 (City) (Zip code)			
ke <u>elstered agent'a a</u> cc	(Ciry) (Zip code)			
Taving been named at	registered agent and to accept service of process for the above stated limited liability	company at	the pla	ce
p complywith the pro-	lvation, I hereby accept the appointment as registered agent and agree to act in this consistent of the second distance of all statutes relative to the proper and complete performance of my duties, as	spacity. I ju sd I am fami	iTiher a _l Ülar wil	groe It and
ccept the obligations	of my position as registered agent			
	(Registered agent's vignature)			
3. The name, title or o	apacity and address of the person(s) who has/have authority to manage is/are:			
	Shields III foreman / Crew leader			
1901 Da	te palm Dr.			
				
. Attached is a certific crisdiction under the la	ate of existence, no more than 90 days old, duly authenticated by the official having cust w of which it is organized. (If the certificate is in a foreign language, a translation of the	ody of recor	ds in the under oa	e ith
f the translator must be	submitted)			
- .	Jul s Bath			
	Signature of an authorized person			
his document is execu- ibmitted in a documen	ted in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any fall to the Department of State constitutes a third degree felony as provided for in a.817.155	se <u>informatic</u> j, F.S.	on.	
. [Daniel S Bostwick Typed or printed name of signee			
!	Typed or printed name of signee			

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

BOSTWICK TREE SERVICE, LLC 0600147818

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on August 14, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DANIEL BOSTWICK
12 ARCANA AVE.
OCEANPORT, NJ 07757



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 13th day of October, 2016

Ford M. Scudder State Treasurer

Certificate Number: 6074894122

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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