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(Requestor's Name)
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PICK-UP WAIT MAIL
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2016

SANDRA L HOAK PO BOX 1011 SANDUSKY, OH 44870 US

SUBJECT: NATIONAL GARDEN SERVICES LLC

Ref. Number: W16000075729

2016 DEC 19 PM 3: 48
SECREPANT OF SIME

We have received your document for NATIONAL GARDEN SERVICES LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete principal office address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 116A00023968



December 22, 2016

SANDRA L HOAK PO BOX 1011 SANDUSKY, OH 44870 US

SUBJECT: NATIONAL GARDEN SERVICES LLC

Ref. Number: W16000075729

We have received your document for NATIONAL GARDEN SERVICES LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 116A00023968

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	n of Corporatio	ns			
SUBJECT:	NATION	JAL GARAEN Name of	SERVICES L	.CC	
		Name of	Limited Liability Company		
The enclosed "A Existence, and ci	application by Fo heck are submitte	reign Limited Liability Comp ed to register the above refere	eany for Authorization to Transced foreign limited liability	ansact Business in Florida," y company to transact busine	Certificate of ess in Florida
Please return all	•	concerning this matter to the	*		
	(SANDRA L.	HOAK		3
		Na	ame of Person	5	
	NI	SANDRA L. NOTIONAL G.	ARDEN SER	VICES LLC	2011 FEB -3 PH 4: 30
		Fi	rm/Company		ن رئی ا
		PO BOX			PH PH
					(a)
		SANAUSKY City/St ANARAHOAK E-mail address: (to be used	04 44	870	38
		City/Si	tate and Zip Code		•
		NARAHOAK	VAHOO. CO	9m	
			Tor future annual report not	inicationy	
For further infon	mation concerning	g this matter, please call:			
JA.	-NARA Name (HOAK of Contact Person	at (4/9 Area Code Day	92 - 6565 Prime Telephone Number	
		7 6011401 7 613011			
	NG ADDRESS: n of Corporation:			<u>CADDRESS:</u> of Corporations	
Registra	ation Section	Section Registration Section			
	ox 6327 issee, FL 32314		2661 Exc	coutive Center Circle see, FL 32301	
Enclosed is a che	eck for the follow	ving amount:			
	5.00 Filing Fee	S130,00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Ce of Status & Certified Cop	



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 FOR COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:		BUTY
I. NATIONAL DARAEN SERVICES CCC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.C.," or "LI		
Company, Company, and Arrana Company, Company, Conc., or Ed	,.,	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name a Liability Company," "L.L.C," or "LLC.")	nust include "Limited	
2. INVIANA (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)		
2. INDIANA (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4.		
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	en gr	in in
s. 100 3rd 3 treet, 3W		71) 71)
Winter Haven, FLA (Street Address of Principal Office)	<u>"</u>	20)
6 PO BOX /0//	्रे . र	CI)
		_ ()
Sandusky OH 44870	÷	<u></u>
/ (Mailing Address)		ω
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
Name: URS HUENTIS LLC		
Office Address: 3458 Pakeshore Dr.		
Tallahassee, Florida 32312		
(City) (Zip code) Registered agent's acceptance:		
Having been named as registered agent and to accept service of process for the above stated limited liability		
designated in this application, I hereby accept the appointment as registered agent and agree to act in this c to complywith the provisions of all statutes relative to the proper and complete performance of my duties, a		
accept the obligations of my position as registered agent.		
URS Agents, LLC by: Christian Eubanks, Assist	lant Secretary	
8. The name, title or capacity and address of the person(s) who have authority to manage is/are:		
SANDRA L. HOAR - Yosident		
PO BOX 1011		
SHNOUSKY OH 44870		
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having our		
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the of the translator must be submitted)	e certificate under o	onth
Sanda Stinchcomb		
Signature of an authorized person		
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any fe		
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15	i5, F.S.	
SANNA L. HOAK Typed or printed name of signee		
-At as faither sente as affine		

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

NATIONAL GARDEN SERVICES, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 14, 2016, and was in existence or authorized to transact business, in the State of Indiana on November 16, 2016.

I further certifive this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, November 16, 2016



CONNIE LAWSON
SECRETARY OF STATE

201610141162922 / 2016152451

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate