4/6/2017



#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To:    |  |                                     | 7.7              | 1                |     |
| •      | Division of Corporations   | 177                                 | $\sigma$         | G.               |     |
|        | Fax Number : (850)617-6383   |                                     | (Apr.)           | $\triangleright$ | 1   |
| From   | :  |                                     | <u> </u>         |                  | (   |
|        | Account Name : C T CORPORATION SYSTEM  |                                     | TATE<br>ORID     | ===              |     |
|        | Account Number : FCA000000023  |                                     | 5                | 59               |     |
|        | Phone : (614)280-3338  |                                     | $\triangleright$ | ريـ              |     |
|        | Fax Number : (954)208-0845   | •                                   |                  |                  |     |
| **Fnto | or the email address for this business entity  | /<br>/ to he use                    | d for fut        | ure              |     |
|        | r the email address for this business entity annual report mailings. Enter only one email  Email Address:  Foreign Limited Liability Con   | address pl                          |                  | ure              |     |
|        | annual report mailings. Enter only one email Email Address:  | address pl                          |                  | ure              |     |
|        | Email Address:  Foreign Limited Liability Con  | address pl                          |                  | ure              |     |
|        | Foreign Limited Liability Con  Asplundh Brush Control, L   | address pl                          |                  | ure.             |     |

## FILE SECOND AFTER H17000095460

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$125.00

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

IN COMPLIANCE WITH SECTION 608.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA.

| 1. Asplundh Brush Contro<br>(Name of Fore   | ol, LLC<br>eign Limited Liability Company; must inc  | clude "Linused Liabi  | lity Company. L.L.C   | ." or "LLC."                   | <del>}</del>  |              |
|---|--|---|---|--------------------------------|---------------|--------------|
| (If name unavailable, enter at<br>Liability Company," "L.L.C,                     | ternate name adopted for the purpose of (" or "LLC.")  | transacting business  | in Florida The alternat   | e name must                    | include "     | Limited      |
| 2. Pennsylvania   |  | 3. 23-1491320   |   |                                |               |              |
| (Jurisdiction under the law company is organized)                                 | of which foreign limited liability   |   | (FEI number, if applic  | cable)                         |               |              |
| 4 Upon Qualification  |  |   |   | 14. <u>14.</u>                 | C21           |              |
| · · · · · · · · · · · · · · · · · · ·   | (Date first transacted business in<br>(See sections 605,0904 & 605,0905  | Horida, if prior to r   | registration.)  |                                |               | (FERMINA)    |
| 5. 708 Blair Mill Road, V   |  | o, r.a. to determine  | polarty naming)   |                                | · (1)         | A F          |
| 5. The Dian Will Road, V  | Villow Olove, 17: 17090  |   |   | الماريخ <u></u>                | :5*           | i i          |
|   |  |   |   |                                |               | III          |
| C   | (Street Address of Princ   | ripal Office)   |   |                                | <u>&gt;</u>   |              |
| 6. Same   |  |   |   | <del>- 8</del> ₹               |               |              |
|   |  |   |   | ÐĒ.                            | 59            |              |
|   | (Mailing Addr  | ess)  |   |                                |               | ,            |
| 7. Name and street address  | ss of Florida registered agent: (P.O. E  | Box <u>NOT</u> accepta  | ble)  |                                |               |              |
| Name:   | C T Corporation System   |   |   |                                |               |              |
| Office Address  | 1200 South Pinc Island Road  |   |   |                                |               |              |
|   | Plantation   | a.  | , Florida <u>33324</u>  |                                |               |              |
|   | (City)   |   | (Zip code   | c)                             |               |              |
| designated in this applica to complywith the provisi- accept the obligations of i | gistered agent and to accept service tion, I hereby accept the appointment ons of all statutes relative to the property position as registered agent.  By: A C T Corporation of the property o | nt as registered ag<br>per and complete p<br>pration System<br>agent's signature) | ent and agree to act<br>performunce of my a<br>lames M. Halpin<br>Assistan: Secretary | in this capa                   | city. If.     | urther agree |
| 8. The name, title or capa  | icity and address of the person(s) who   | n has/have authorit   | y to manage 19/are  |                                |               |              |
| SEE ATTACHMENT  |  |   |   |                                |               |              |
|   |  |   |   |                                |               |              |
|   | 01 dis 22 0.44   | icate is in a foreign   | n language, a translati   |                                |               |              |
|   | Signature of a   | n authorized person   |   | <del></del>                    |               |              |
| This document is executed submitted in a document to                              | I in accordance with section 605,0203 of the Department of State constitutes a   | B(I)(b), Florida Si<br>a third degree felor                                       | atutes. I am aware that<br>ny as provided for in:                                     | at any false i<br>s.817,155, F | nformat<br>.S | ion          |
|   | Melissa Zanoletti  |   |   |                                |               |              |
|   | Typed or printe  | ed name of signee   |   |                                |               |              |

ή,

ASPLUNDH BRUSH CONTROL, LLC

Officers Directors Managers

708 Blair Mill Road, Willow Grove, PA 19090 George E. Graham, Jr. President, Manager Secretary-Treasurer, Manager 708 Blair Mill Road, Willow Grove, PA 19090 Brian R. Bauer 708 Blair Mill Road, Willow Grove, PA 19090 Ronald S. Simpson Assistant Treasurer, Manager 708 Blair Mill Road, Willow Grove, PA 19090 Scott M. Asplundh Director, Manager 708 Blair Mill Road, Willow Grove, PA 19090 George E. Graham, Jr. Director, Manager 708 Blair Mill Road, Willow Grove, PA 19090 Joseph P. Dwyer Director, Manager

TOBETARY OF STATE

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

04/03/2017

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Asplundh Brush Control, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Certification Number: TSC170403171829-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify.aspx