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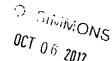
Division of Corporations Fax Number : (350) 617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number: FCA000000023 Phone: (512)418-6949 : (512)418-6949 : (954)208-0845 Fax Number **Enter the email address for this business entity to be used for futpre annual report mailings. Enter only one email address please. ** Email Address: Foreign Limited Liability Company Asplundh Tree Expert, LLC Certificate of Status Certified Copy 04 Page Count \$125.00 Estimated Charge

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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 TAMIFED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

i. Asplundh Tree Expert, (Name of Fore	, LLC reign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,"	afternate name adopted for the purpose of transacting business in Florida. The alternate name must incl., or "I.I.C.")	ude "Limited
2. Pennsylvania	3. 23-1277550	
(Jurisdiction under the law company is organized)	w of which foreign limited liability (FEI number, if applicable)	
4. Upon Qualification		
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 708 Blair Mill Road, V	Willow Grove, PA 19090	
		ي 🔥 ي
· · · · · · · · · · · · · · · · · · ·	(Street Address of Principal Office)	TOCT-5 PHIS:
6. Same		
	•	- 5 M
 	(Mailing Address)	. 2 7
~		
7. Name and <u>street addres</u>	ess of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name:	C T Corporation System	
Office Address:	i 200 South Pine Island Road	τ·
	Plantation eg , Florida 33324	
	(City) (Zip code)	
designated in this applica to complywith the pravisi	registered agent and to accept service of process for the above stated limited liability comparation, I hereby accept the appointment as registered agent and agree to act in this capacity sions of all statutes relative to the proper and complete performance of my duties, and I am f my position as registered agent. By: Janes M. Halpin Assistant Secretary (Registered agent's signature)	. I further agree
8. The name, title or cap	pacity and address of the person(s) who has/have authority to manage is/arc:	
SEE ATTACHMENT		
9. Attached is a certificate jurisdiction under the law of the translator must be s	te of existence, no more than 90 days old, duly authenticated by the official having custody of which it is organized. (If the certificate is in a foreign language, a translation of the certificate) Signature of an authorized person	Frecords in the Tente under onth
This document is executed submitted in a document to	ed in accordance with section 605.0203 (1) (b), Florida Statutes, I am aware that any false info to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ormation
	Melissa Zanoletti	

Typed or printed name of signee

ASPLUNDH TREE EXPERT, LLC

Officers Directors Managers

George E. Graham, Jr. President, Manager

708 Blair Mill Road, Willow Grove, PA 19090

Brian R. Bauer

Secretary-Treasurer, Manager

708 Blair Mill Road, Willow Grove, PA 19090

Ronald S. Simpson

Assistant Treasurer, Manager

708 Blair Mill Road, Willow Grove, PA 19090

Christopher B. Asplundh

Chairman, Manager

708 Bidir Mill Road, Willow Grove, PA 19090

Brent D. Asplundh

Director, Manager

708 Blair Mill Road, Willow Grove, PA 19090

Christopher B. Asplundh, Jr. Director, Manager

708 Blair Mill Road, Willow Grove, PA 19090

COMMONWEALTH OF PEANSYLVANIA DEPARTMENT OF STATE 09/29/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Asplundh Tree Expert, 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 cate 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 sot 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: TSC170929141222-1

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