MRDA	0000838
(Requestor's Name) (Address) (Address)	300315855623
(City/State/Zip/Phone #)	07/19/1801003013 ★★160.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	SECRETARY OF STATE
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n BRUCE JUL 2 5 2018

COVER-LETTER

Registration Section TO: **Division of Corporations**

Gulf Breeze Landscoping, UC Name of Limited Liability Company SUBJECT:

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:

Ted M Battley Name of Person	
<u>Gulf Breeze Landscopul</u>	ig, LLC
P.O. Box 347 Address	
<u> </u>	
<u>Crystal @ Gulfbreezellc. Co</u> E-mail address: Ho be used for future annua	OM Il report notification)
For further information concerning this matter, please call: $\begin{array}{c} \underbrace{Crystal}_{Name of Contact Person} at (\underbrace{338}_{Area Code}) \end{array}$	A497-33576
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:	

Enclosed □ \$130.00 Filing Fee & □ \$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 SECTION 603.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	A FOREIGN LIMITED LIABILITY
1 GUF Breeze Landscoping, LLC. (Name of Foreign Linuited Liability Company; must include "Linuited Liability Company," "L.L.C.," or "LLC.")	
CULE REPORTE LANdScaping of MS, LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The attends to name must include "Limited Liability"	Company, "LLC, of LLC,)
2. 1115 3. 64-(9/14	452
(Jurisdiction under the law of which foreign limited hability company is organized) (FEI number,	if applicable)
4,	
(See sections 605.0904 & 605.0905, F.S. to determine penalty hability)	7117
s. 2201 11/2 Salnish 1/101 6	<u>4</u> -7
(Street Address of Principal Office)	2000
$\underline{-600107},115,27553}$	<u> 1959</u>
7 Name and stress address of Florida registered agents (P.O. Boy, NOT acceptable)	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	
Name: Registered Agents, Inc.	
222 4 124	
Office Address:A & N. COULT FOUNT Dr. M. 1501	
1000 33/00	7
, Florida, Florida	<u> </u>
Registered agent's acceptance: (City) (Zip code)	
Having been named as registered agent and to accept service of process for the above stated limited lia	ibility company at the place
designated in this application, 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 relative to the proper and complete performance of my du	ties, and I am familiar with
and accept the obligations of my position as registered agent.	- .
R. M	
(Registered agent's signature)	
(Kegszeres agen a sopulate)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Title or Capacity: Name and Address: <u>Title or Capacity:</u>	Name and Address:
Disco Tel a Roulla	
	III
<u>P.0.120 L 247</u> Gauther MS 39553	
YULUU JUN JUN	f

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MM. Atter
Signature of an authorizod person
Ted M Balley
Typed or printedhame of signee



Delbert Hosemann Secretary of State

Office of the Secretary of State Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

GULF BREEZE LANDSCAPING, L.L.C.

Registered the 13th day of October, 1999

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

711 DELMAS AVENUE, P.O. BOX 1407 PASCAGOULA, MS 39568-1407

And that the registered agent at that address is:

KARL R STEINBERGER

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

> Given under my hand and seal of office the 16th day of July, 2018

Ullert Nosemann, 1.

C. DELBERT HOSEMANN, JR. Secretary of State

Certificate Number: CN18054542 Verify this certificate online at http://corp.sos.ms.gov/corpconv/verifycertificate.aspx