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S. PRATHER

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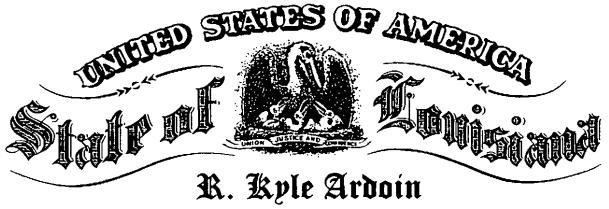
Registration Section
Division of Corporations

T SUBJECT:	op Notch Outdoo	r Services LLC						
_	Name of Limited Liability Company							
		eign Limited Liability Comp d to register the above refero						
Please return a	ll correspondence o	concerning this matter to the	following:					
	Christopher F	larris (
Name of Person								
	Top Notch Outdoor Services LLC							
	Firm/Company							
	2900 Millard St							
Address								
	Shreveport, LA 71108							
City/State and Zip Code								
harris8092@gmail.com								
E-mail address: (to be used for future annual report notification)								
For further info	ormation concernin	g this matter, please call:						
Chris Harris		318 at (286-72	30				
	Name o	f Contact Person	Area Code	Day	time Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ee, FL 32301				
	heck for the follow 25.00 Filing Fee	ing amount: \$\Bigsize \\$130.00 \text{ Filing Fee & Certificate of Status}\$	□ \$155.00 Filid Certified Copy		☐ \$160.00 Filing Fee, Co of Status & Certified Cop			

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, 'IT IE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA:

1. Top Notch Outdoor Services					
(Name of Foreign Limited Li-	ability Company; must include "Limi	ted Liability	Company," "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted	for the purpose of transacting business in F	lorida. The altr	ornate name must include "Limited Liabi	dity Company," "L.L.C." or "[L.C.")	
2 Louisinga	-		81-5283658	, , , , , , , , , , , , , , , , , , , ,	
(Juristiction under the law of which foreign I	imited liability company is organized)	٥. ا		cr, if applicable)	
4 .					
(Date (See se	first transacted business in Florida, if prior t ections 605,0904 & 605,0905, F.S. to deten	to registration) mine penalty li	ability)		
2910 Millord.	Street	6.	••		
(Street Address of Principal Offic	œ)	U. _	(Mailing Addre	35)	
Shreveport, La	7/103	_			
·		-			~2
				建 约	
7. Name and street address of Flori	ida registered agent: (P.O. Bo	ox <u>NOT</u> ac	cceptable)		3
Name: /er	inis K. Lyon	2		A H	~
Office Address: 16	20 Drumm	and	Ave.	ASS Ass	جَ
	1.3 (/	01101	774	6 / E	F
Tand	ama City, FC	- 	, Florida Jok / C	2 <u>7</u> 25	5
Programmen n Perri p menabemmen.	· ·	_		وسير نب	 O
Having been named as registered	agent and to accept service of	f process f	or the above stated limited	liability company at the p	lace
designated in this application, I he to comply with the provisions of al	reby accept the appointment I statutes relative to the prone	as register er and con	red agent and agree to act t inlete performance of my d	In this capacity. I further luties and I am familiaes	agree oith
and accept the obligations of my p	osition as registered ogent.		41.e.J	,	•
\\	Emi K. L	Jen.			
	(Registered spent	s signature)			
8. The name, title or capacity and	address of the person(s) who l	has/have a	uthority to manage is/are:		
Title or Capacity:	Name and Address:		le or Capacity:	Name and Address:	
Owner /n//CTI	Harris, Chris				
	2900 Millard St				
	Shreveport, LA				
					
		_			
(Use attachments if necessary)					
9. Attached is a certificate of existe	nce no more than 90 days old	l date enti	sentinated by the official has	vinu custodu of rocordo in	•ha
jurisdiction under the law of which	it is organized. (If the certification	ate is in a	foreign language, a translation	on of the certificate under	oath
of the pranslator must be submitted))				
10. This document is executed in ac	cordance with section 605.020	03 (1) (b).	Florida Statutes, Lam aware	that any false information	
submitted in a document to the Dep	artment of State constitutes a t	hird degre	e felony as provided for in s	8.817.155, F.S.	
(()	Bus day				
·/ L	Signatur	ne of su suppor	izad person		
.					
Christo	pher Harris	or printed nam		 _	



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

TOP NOTCH OUTDOOR SERVICES LLC

A limited liability company domiciled in SHREVEPORT, LOUISIANA,

Filed charter and qualified to do business in this State on February 09, 2017,

I further certify that the records of this Office indicate the company has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned, is in good standing and is authorized to do business in this State.

I further certify that this certificate is not intended to reflect the financial condition of this company since this information is not available from the records of this Office.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

October 23, 2018

Certificate ID: 11007187#NVM73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State