950/19/2018/WED 01:

Division of Corporations Electronic Filing Cover Sheet

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(((H18000325605 3)))



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To:

Division of Corporations

Fax Number : (350)617~6383

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for futural annual report mailings. Enter only one email address please. annual report mailings. Enter only one email address please.**

Foreign Limited Liability Company Arbor True Environmental Services LLC

Certificate of Status	0			
Certified Copy	1			
Page Count	04			
Estimated Charge	\$155.00			

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H18000325605-3

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

IN COMPLIANCE WITH SECTION 635.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED DARILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA 1 Arbor True Environmental Services LLC (Name of Foreign Limited Liability Company, that include "Limited Liability Company," "L.L.C.," or "L.L.C.," or If name mayallable, enter alternate name adopted for the purpose of nanezesing purious in Florida. The alternate name must include Themsed Libbins Company, "TLLC," of "LLC," of Texas 3 90-0794802 (Junisdiction under the law of which foreign limited liability company is organized) (ñE) aliaber, if ippliesble) 10/20/2018 (Date test transacted business in Flands, if prior to regulation,) (See sections (05,0904 & 605,0903, F.S. to determine penalty hability) 6. PO Box 187 21456 West Knex Drive (Since) Address of Principal Office) (Mailing Address) Porter, TX 77365 Porter, TX 77365 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) InCorp Services, Inc. Name: 17888 67th Court North Office Address: Loxahatchee Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to not in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agfi Joanna Fernandez on behalf of Incorp Services, Inc. 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: Title or Capacity: Name and Address: Managing Member Brandon Murphy 3307 Holly Green Drive <u> Kingwang, TX 77339</u> (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 \$.817 155, F.S. Branden Murphy Type I or primed name of stance

P. 003/004 H18000325 605 3

COVER LETTER

TO:	Registration Section Division of Corporati	ons					
SUBJ	Arbor True Env	vironmental Services LL	.C				
2020		Name o	f Limited Liability Con	ıbani			
The er Existe	nclosed "Application by Fince, and check are submit	oreign Limited Liability Conted to register the above refs	npany for Authorization trenced foreign limited	n to Transact Business in Florida Hability company to transact bus	a," Certific siness in Fl	ate of lorida.	
Please	return all correspondence	concerning this matter to th	a fallowing:				
	Joanna Fer	nandez					
			Name of Person		_		
	InCorp Servi	ces, Inc.					
		<u> </u>	fim/Company		-		•
	3773 Howa	rd Hughes Pkwy, · Suiti	∍ 500S				
Address				- 学 :::	co		
Las Vegas, NV 89169-6014					DEC	71	
		Ciņ/S	State and Zip Code		- 25% - 25%	19	
	managedrepoi	rts@incorp.com			100	A	LLi
For fur	ther information concerns	E-mail address: (to be use ing this matter, please call;	d for future annual rep	ort notification)	FLORIO	39 39	O
	Joanna Fernandez for	inCorp Services, Inc.	800-246-28	377	٠ ۲۶		
	Name	of Contact Person	Area Code	Daytime Telephone Number			
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahussee, FL 32314		Div Rej Cli 266	REET ADDRESS: vision of Corporations gistration Section from Building of Executive Center Circle hahassec, FL 32301			
Enclose	od is a check for the follow S125.00 Filing Fee		■ \$155.00 Filing Fe Certified Copy	e & D \$160.00 Filing Fee, C of Status & Certified Co	Certificate		

Rolando B. Pablos Secretary of State

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

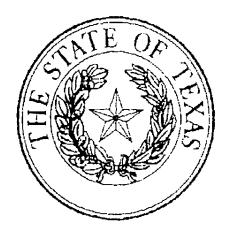
Certificate of Fact

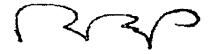
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for ARBOR TRUE ENVIRONMENTAL SERVICES LLC (file number 802133564), a Domestic Limited Liability Company (LLC), was filed in this office on January 12, 2015.

It is further certified that the entity status in Texas is in existence.

SECALIARY OF STATE FALLANASSEE, FLORID.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 12, 2018.





Rolando B Pablos Secretary of State