M180000011712

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



100322484441

2018 DEC 28 PH 4: 40

01/02/19==01001=+011 **160.00

TALL ANY SCIENT OR ON A

S. PRATHER

COVER LETTER

то:	Registration Section Division of Corporation	s	1	, _	110
SUBJE	cci: Dashi	A Clearing Name of K	imited Liability Company	ing Services	ZLC
The en Exister	closed "Application by Foreign, and check are submitted	eign Limited Liability Compa I to register the above referen	any for Authorization to Tra- nced foreign limited liability	nsact Business in Florida." Certi company to transact business in	ficate of Florida
Please	return all correspondence c	oncerning this matter to the t	ollowing:		
	JAU	nes Clanton	Ladsay me of Person		
	(Pisali)	y Mearing &	Mu/Ehina .	Services LLC	
	_275	7 Huy 40	Address	4238 Rogers	Rd
	Lilnich	AC M3 3974 City/St	ate and Zip Code	Speenwood, FZ	3244
	- JAMES	line Ay @ quality (E-mail address: (to be used	for future annual report not	Sexuices /K. Cuzn/A	wy
For fu	Tanks C. Len	g this matter, please call: Lay III of Confact Person	at (850) 37	4 –5304 2 – 7993 Time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton B 2661 Exc	F ADDRESS: of Corporations ion Section duilding secutive Center Circle see, FL 32301	
Enclo	sed is a check for the follow ☐ \$125.00 Filing Fee	ving amount: □ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, Certification of Status & Certified Copy	cate

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

IN COMPLIANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	ELIMITE L	D LLABIL	IN.
1. (Name of Foreign Limited Liability Company; must include "Limited Liability Company," L.L.C., or "L.L.C.")			
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must in Liability Company." "L.L.C." or "LLC.") 2. M.55.551.Ph. (Jurisdiction under the law of which foreign limited liability company is organized) 4. MONE (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. M.	relude "L	Limited 2018 DE	
6. SAMC	188K	C 28	
(Mailing Address)		PH 4:4	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name:		c.	
Having been named as registered agent and to accept service of process for the above stated limited liability con designated in this application, I hereby accept the appointment as registered agent and agree to act in this capac to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent. (Registered agent's signature)	rity. I fu	irther ag	gree
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: TAMES C Lindshy TH MANAGER CAMEL	_		
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language, a translation of the certificate is in a foreign language. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false in the certificate is in a foreign language.	rtificate	under oa	c ith
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F	.S.		

Typed or printed name 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:

QUALITY CLEARING & MULCHING SERVICES LLC

Registered the 26th day of March, 2017

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:

2757 Hwy 407 Kilmichael, MS 39747

And that the registered agent at that address is:

James Clanton Lindsay III

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 28th day of December, 2018

C. Delbert Hosemann, Jr.

Secretary of State

Certificate Number: CN18060983

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