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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Phone Fax Number

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

Foreign Limited Liability Company Transform A&E Lawn & Garden LLC

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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 SURMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Transform A&E Lawn & Garden LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC.," or "LLC.") (If name unavailable, erter atternate name adopted for the purpose of transporting business in Florida. The alternate name must include "Linsed Liablity Company." "L.L.C." or "LLC.") (Installation under the law of which loreign limited liability company is organized) 4. Upon Qualification (Onte first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 5. 1170 Kane Concourse, Suite 200 (Street Address of Principal Office) (Mailing Address) Bay Harbor Islands, FL 33154 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 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 act 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 agent, Alfred Younan By: C T Corporation System (Registered agent's signature) **Assistant Secretary** 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity; Name and Address: Title or Capacity; TRANSFORM SR LLC MEMBER 1170 Kane Concourse, Bay Harbor Islands, 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) am aware that any false information 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statut illed for in s.817.155, F.S. submitted in a document to the Department of State constitutes a third degree felony is print Signature of an authorized p

Jennifer Kurz

Typed or printed name of Signer



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TRANSFORM AGE LAWN & GARDEN LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

7249861 8300
SR# 20190715121
You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202196953

Date: 02-04-19