M1900001453

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
(

Office Use Only



500324406905

02/07/19--01010--018 **125.00

TILED

19 FEB -7 AN 7: II

SECRETARY OF STATE

O SIMMONS FEB 1 8 2019

COVER LETTER

то:	Registration Sect Division of Corp-			
SUBJE	American Sy	n-Turf, LLC		
		Name o	f Limited Liability Company	
				ansact Business in Florida," Certificate of cy company to transact business in Florida.
Please	return all correspond	dence concerning this matter to th	ne following:	
	Theresa	Kotch		
			Name of Person	
	America	ın Syn-Turf, LLC		
			Firm/Company	
	5960 Ing	glewood Drive Suite 150		
			Address	
	Pleasant	on, CA 94588		
		City/	State and Zip Code	
	theresa_ko	otch@globalsynturf.com		
		E-mail address: (to be us	sed for future annual report no	tification)
For fur	her information cor	ncerning this matter, please call:		
	Theresa Kotch		510 732-23 at ()	
	7	Name of Contact Person	Area Code Da	ytime Telephone Number
	MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	orations on	Division Registra Clifton I 2661 Ex	of Corporations tion Section Building ecutive Center Circle see, FL 32301
Enclose	ed is a check for the	following amount: Fee \$\Bigsim \$130.00 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Georgia		Florida The alternate con	na muse include 11 impled I	inhility Common		
	me adopted for the purpose of transacting business in	3. 82-210		asiniy Compa	iy, L.L.C.	or tite.)
(Jurisdiction under the law of whi	ch foreign limited liability company is organized)	3. 62-210		mber, if applica	ble)	
2/1/2019						
D/112017	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.)	. .			
5960 Inglewood Dr. Ste			nglewood Dr. Ste.	150 - 24	19	
(Street Address of Pr		6. <u>3766 ii</u>	(Mailing A			
Pleasanton, CA 94588		Pleasar	ton, CA 94588	4-C		<u> </u>
				经验	1 1	
				mg	_ [T)
Name and street address	of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptab	ole)	产品	至	
Name:	Greg Weitz					
	30 Nantucket Island Ct.			> III	19	
Office Address:	30 Nantucket Island Ct.					•
	Ponte Verde Beach		Florida <u>32081</u>			
esignated in this applicate comply with the provision	ristered agent and to accept service of ion, I hereby accept the appointment ons of all statutor relative to the proposition as registered agent. (Regulated agent	as registered by e er and complete j	ent and agree to ac	ct in this ca	pacity. I	further
esignated in this applicate comply with the provision and accept the obligations 3. The name, title or capac	ion, I hereby accept the appointment ons of all statutes relative to the prop- of my position as registered agent. (Regulared agent city and address of the person(s) who	as registered fige er and complete p is senature has/have authority	ent and agree to accept formance of my	ct in this ca y duties, ar	pacity. I nd I am fa	further miliar
esignated in this applicate comply with the provision accept the obligations 3. The name, title or capacity:	ion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. (Registered agent of the person(s) who Name and Address:	as registered fige er and complete j	ent and agree to accept formance of my	ct in this ca y duties, ar	pacity. I	further miliar
esignated in this applicate comply with the provision and accept the obligations 3. The name, title or capac	ion, I hereby accept the appointment ons of all statutes relative to the proportion of my position as registered agent. Ukepblered agent city and address of the person(s) who Name and Address: The Cola Kotch	as registered fige er and complete p is senature has/have authority	ent and agree to accept formance of my	ct in this ca y duties, ar	pacity. I	further miliar
esignated in this applicate comply with the provision accept the obligations The name, title or capacity:	ion, I hereby accept the appointment ons of all statutes relative to the property of my position as registered agent. (Registered agent of the person(s) who Name and Address:	as registered fige er and complete p is senature has/have authority	ent and agree to accept formance of my	ct in this ca y duties, ar	pacity. I nd I am fa	further miliar
esignated in this applicated comply with the provision accept the obligations 3. The name, title or capacity: VP Finance Adm	city and address of the person(s) who Name and Address: The CLA Kotch Presented (A) (14588)	tas registered age er and complete property in the construction of	ent and agree to accept formance of my	ct in this ca y duties, ar	pacity. I	further miliar
esignated in this applicate comply with the provision accept the obligations The name, title or capacity:	city and address of the person(s) who Name and Address: The CLA Kotch Presented (A) (14588)	tas registered age er and complete property in the construction of	ent and agree to accept formance of my	ct in this ca y duties, ar	pacity. I	further miliar
esignated in this applicate comply with the provision accept the obligations The name, title or capace Title or Capacity:	cion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent. The result of the person(s) who Name and Address: The result of the person	tas registered age er and complete property in the construction of	ent and agree to accept formance of my	ct in this ca y duties, ar	pacity. I	further miliar
esignated in this applicate comply with the provision accept the obligations. The name, title or capace Title or Capacity: VP Finance Adm	city and address of the person(s) who Name and Address: The result to the property of the person o	tas registered age er and complete property in the construction of	ent and agree to accept formance of my	ct in this ca y duties, ar	pacity. I	further miliar
esignated in this applicate comply with the provision accept the obligations 3. The name, title or capacity: VP Finance Adm CFO Use attachments if necessions	city and address of the person(s) who Name and Address: The result to the property of the person o	tas registered fige er and complete property in the second complete property is second complete property in the second complet	ent and agree to accept formance of my	Name	and Add	further miliar ress:
esignated in this applicate of comply with the provision accept the obligations. 3. The name, title or capacity: YY FINANCE HAM CFO Use attachments if necess. Attached is a certificate carisdiction under the law of the provision of the capacity.	ion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent. I hereby accept the appointment of my position as registered agent. I hereby accept the appointment of my position as registered agent. I hereby accept the appointment of my position as a section as a section. I hereby accept the appointment of my position as a section as	has/have authority Title or C	ent and agree to accept formance of my	Name	and Add	further miliar ress:
esignated in this applicate of comply with the provision accept the obligations. 3. The name, title or capacity: YY FINANCE Adm CFO Use attachments if necess. Attached is a certificate or insidiction under the law of the translator must be sufficient of the translator must be sufficient on the capacity.	ion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent. The result is a statute of the proposition as registered agent. The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the proposition of the person (s) who name and Address: The result is a statute of the proposition of the proposition of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who Name and Address: The result is a statute of the person (s) who name and Address: The result is a statute of the person (s) who name and Address: The result is a statute of the person (s) who name and Address: The result is a statute of the person (s) who name and Address: The result is a statute of the person (s) who name and Address (s)	tas registered age er and complete y ta senature has/have authority Title or C	ent and agree to accept formance of my yello manage is/are: against an against a statutes. I am awaye a Statutes.	Name Name having cust ation of the	and Add	further miliar ress:
esignated in this applicate of comply with the provision accept the obligations. 3. The name, title or capacity: YY FINANCE Adm CFO Use attachments if necess. Attached is a certificate or insidiction under the law of the translator must be sufficient of the translator must be sufficient on the capacity.	ion, I hereby accept the appointment ons of all statutes relative to the proposition as registered agent. I hereby accept the appointment of my position as registered agent. I hereby accept the appointment of my position as registered agent. I hereby accept the appointment of my position as a second agent. I hereby accept the appointment of my position and address: I hereby accept the appointment of my position and agent agent. I hereby accept the appointment of my position agent. I hereby accept the appointment of my position agent. I hereby accept the appointment of my position agent. I hereby accept the appointment of my position agent. I hereby accept the appointment of my position agent. I hereby accept the appointment of my position agent. I hereby accept the appointment of my position agent. I hereby accept the proposition agent. I hereby accept the appointment of my position agent. I hereby accept the appointment of my position agent. I hereby accept the appointment of my position agent. I hereby accept the proposition accept the proposition agent. I hereby accept the proposition accept the proposit	t's senature thas/have authority Title or C d, duly authentical ate is in a foreign	ent and agree to accept formance of my y to manage is/are: apacity: language, a translated by the official language, a translated so a Statutes. I am away as provided for its	Name Name having cust ation of the	and Add	further miliar ress:

Typed or printed name of signee

Control Number: 17071771

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I. Robyn A. Crittenden, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

. American Syn-Turf LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number : 16310646 Date Inc/Auth/Filed: 06/28/2017 Jurisdiction : Georgia Print Date : 12/12/2018

Form Number : 211



lyn Q. Contenter Robyn A. Crittenden Secretary of State