

N20000000188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

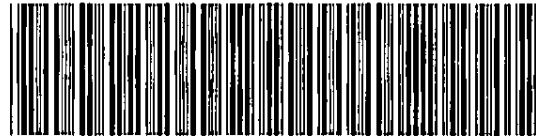
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W19000108492

Office Use Only



600336715996

11/19/13--010711--004 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 27 PM 2:12

FILED

✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2019

JASON SMITH
33325 STATE ROAD 70 E
MYAKKA CITY, FL 34251

SUBJECT: JASON & SONS COUNTREEWIDE TREE SERVICE, LLC
Ref. Number: W19000108492

We have received your document for JASON & SONS COUNTREEWIDE TREE SERVICE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 219A00025450

RECEIVED

DEC 27 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jason & Sons Countreewide Tree Service, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jason Smith

Name of Person

Jason & Sons Countreewide Tree Service, LLC

Firm/Company

33325 State Road 70 E

Address

Myakka City, FL 34251

City/State and Zip Code

Jscountreewide@gmail.com

E-mail address: (to be used for future annual report notification)

SEC. OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 27 PM 2:12

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For further information concerning this matter, please call:

Jason Smith

Name of Contact Person

at

941, 718-1331

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$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:

1. Jason & Sons Countreewide Tree Service, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

Jason and Sons Countreewide Tree Service, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Ohio
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 33325 State Road 70 E
(Street Address of Principal Office)

6. 33325 State Road 70 E
(Mailing Address)

Myakka City, FL 34251

Myakka City, FL 34251

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Jason Smith

Office Address:

33325 State Road 70 E

Myakka City
(City)

Florida

34251
(Zip code)

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.

Jason Smith
(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

Title or Capacity: **Name and Address:**

☐ Manager Name: Ashton Smith

☐ Member Address: 33325 SR 70 E

☒ Authorized MYAKKA CITY, FL

Person 34251

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

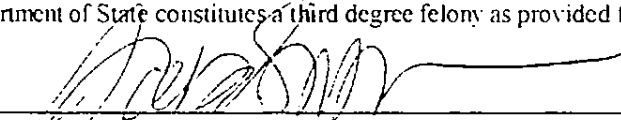
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 s.817.155, F.S.



Signature of an authorized person

Jason Smith

Typed or printed name of signer

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show JASON & SONS COUNTREEWIDE TREE SERVICE, LLC, an Ohio For Profit Limited Liability Company, Registration Number 4000355, was organized within the State of Ohio on March 6, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.

FILED
2019 DEC 27 PM 2:12
CLERK OF THE STATE
TREASURER
FLORIDA



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 16th day of December, A.D.
2019.*

Ohio Secretary of State

Validation Number: 201935002632