

M20000001440

(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



900340252229

02/05/20--01001--014 **125.00

20 FEB -4 PM 4:13

2020 JAN -5 AM 9:55

505
2/6/20

Advanced Incorporating Service

1317 California Street
P.O. Box 20396
Tallahassee, FL 32316

Phone: 850-222-CORP
Fax: 850-575-2724
Email: orders@aisincfl.com
Website: www.aisincfl.com

NAME OF ENTITY <i>Potter's Professional Lawn Care, LLC</i>	FOR OFFICE USE ONLY

PICK ONE:

___ CERTIFIED COPY ☒ PHOTOCOPY ___ C.U.S.

FILING:

___ CORPORATION ___ LLC ___ LIMITED PARTNERSHIP ___ GENERAL PARTNERSHIP
___ FICTITIOUS NAME ___ SERVICEMARK/TRADEMARK ___ AMENDMENT
___ FOREIGN QUALIFICATION ___ JUDGMENT LIEN
___ OTHER _____

RETRIEVAL:

___ GOOD STANDING CERT/C.U.S. ___ CERTIFIED COPY ___ PHOTOCOPY
Of _____

APOSTILLE/CERTIFICATION REQUEST:

Country _____

Amount of Documents _____

DATE 2/4/20 TIME _____

Notes:

*File 2nd
please*

2020 JAN -5 AM 9:55

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. POTTER'S PROFESSIONAL LAWN CARE, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "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. DELAWARE

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

3. 84-4317133

(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. 333 AVENUE OF THE AMERICAS

(Street Address of Principal Office)

6. 333 AVENUE OF THE AMERICAS

(Mailing Address)

SUITE 2000

SUITE 2000

MIAMI, FL 33131

MIAMI, FL 33131

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

Name:

CORPORATION SERVICE COMPANY

Office Address:

1201 Hays Street

Tallahassee

(City)

Florida

32301

(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.

Janet Budhu, Asst. Vice President

(Registered agent's signature)

2020 JAN -5 AM 9:55

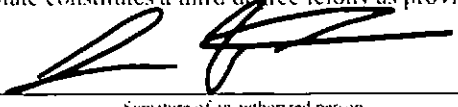
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name: <u>Jeffrey Piermont</u>	Manager	Name: _____
Member	Address: <u>333 Avenue of the Americas</u>	Member	Address: _____
■ Authorized	<u>Suite 2000</u>	Authorized	_____
Person	<u>Miami, FL 33131</u>	Person	_____
Other _____	Other _____	Other _____	Other _____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	Other _____	Other _____
Manager	Name: _____	Manager	Name: _____
Member	Address: _____	Member	Address: _____
Authorized	_____	Authorized	_____
Person	_____	Person	_____
Other _____	Other _____	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
 Jeffrey Piermont

 Typed or printed name of signer

2020 JUN -5 AM 9:55

Delaware

The First State

Page 1

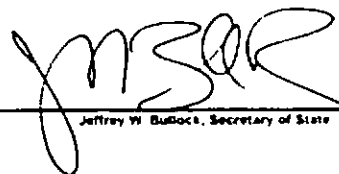
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POTTER'S PROFESSIONAL LAWN CARE, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "POTTER'S PROFESSIONAL LAWN CARE, LLC" WAS FORMED ON THE FOURTEENTH DAY OF JANUARY, A.D. 2020.

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

2020 JAN -5 AM 9:55




Jeffrey W. Bullock, Secretary of State

7799605 8300

SR# 20200789067

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202317398

Date: 02-04-20