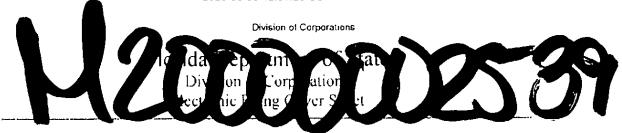
3/5/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200000744023)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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

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

Email Address:

2020 MAR -5

## Foreign Limited Liability Company SavATree, LLC

والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	
Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

T GLASS

MAR 0 5 2020

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

SavATree, LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	d Liabili;	Company, "L. I. C.," or "LI.C.")		
mate may utable, exer elternate a	ame adopted for the purpose of transacting business in Fi	onda Ito	shernate name must include "Limited Liability Compa	ny," "LLC," ov "LLC.	
			13-3257374		
Delaware (turisdiction under the law of which foreign limited liability company is originated)		3.	3. (Fill number, it applicable)		
(Jurisdiction under the law of w	high foreign limited liability company a organized)		(Ft.) number, n appress	<b>4</b> )	
03/30/2020					
	Charles Colleges and Louisians an Elivate Covers	Decision Carlo	,		
	(Dute first unreacted business in Firetia, it prior to \$5.0 sections 605 0904 & 605 0905, F.S. to determine	ne pennity	kebüry)		
550 Bedford Rd # 2,		_	550 Bedford Rd # 2,		
Street Address of Principal Office)		ь.	6. (Mailing Address)		
Bedford Hills, NY - 10507-1605			Bedford Hills, NY - 10507-1605		
		Deglota 11115, 181 - 10507-1005			
Name and street address	s of Florida registered agent: (P.O. Box	NOT.	acceptable)	2	
				2	
	C T Corporation System			2020 1.15	
Name:				- J 1	
	1200 South Pine Island Road			C;	
			<del>,</del>		
Office Address:				-	
Office Address:	Plantation . (Cny)		33324 Florida (Zip code)	<u>;</u>	

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.

Ву:	Ternell Kearney	Ternell Kearney Assistant Secretary	
(Registered agent's signature)			

To: Page 4 of 5

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:	Title or Capacity:	i	Name and Address:
Manager	Name: Anne Marie Lewis	□Manager	Name:	
□Member	Address: 550 Bedford Rd	□Member	Address:	
□Authorized	Bedford Hills. NY - 10507-1605	□Authorized		
Purson		Person		
□Other	□Other	□Other		□Other
∃Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	□Other	□Other		
				202011.79-0
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Memb <b>e</b> r	Address:	<u></u>
□Authorized		☐ Authorized		· · ·
Person		Person		<u></u>
☐Other	□Other	□Other		□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

And Marie	Signature of an authorized person
Anne Marie Lewis	
	Typed or printed name of signee

## Delaware The First State

Page 1

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

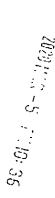
DELAWARE, DO HEREBY CERTIFY "SAVATREE, LLC" IS DULY FORMED UNDER

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 FIFTH DAY OF MARCH, A.D. 2020.

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



Authentication: 202522357

Date: 03-05-20