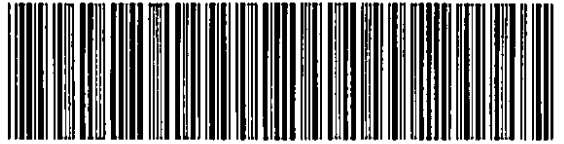


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Woodlands Wildlife Elimination 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:

DANIEL T POWER
Name of Person

WOODLANDS WILDLIFE ELIMINATION
Firm/Company

39 N. Spinning Wheel Cir.
Address

Spring, TX 77382
City/State and Zip Code

woodlandswildlife tx@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Power ^{Meredith Lauer - or. (813) 703-4064} at (817) 550-7076
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Woodlands Wildlife Elimination LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C." or "LLC.")

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

3. 86-2660867
(FEI number, if applicable)

4. None
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 39 N. Spinningwheel Cir.
(Street Address of Principal Office)
Spring, TX 77382

6. 39 N. Spinningwheel Cir.
(Mailing Address)
Spring, TX 77382

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

Name: Daniel Power

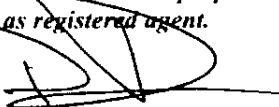
Office Address: 1915 Lake Chapman Dr. # 201

Brandon, Florida 33510
(City) (Zip code)

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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.


(Registered agent's signature)

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: Manager
Name and Address: Name: Daniel Power
 Address: 39 N. Spinning Wheel Cir.
Spring, TX 77382
 Member
 Authorized Person
 Other _____

Title or Capacity: Manager
Name and Address: Name: Daniel Power
 Address: 1915 Lake Chapman Dr. # 201
Brandon, FL 33510
 Member
 Authorized Person
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

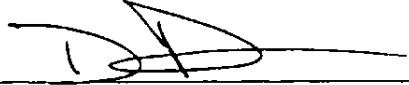
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____

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 TALLAHASSEE FLORIDA

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

DANIEL T POWER

 Typed or printed name of signer



Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for WOODLANDS WILDLIFE ELIMINATION L.L.C. (file number 803971859), a Domestic Limited Liability Company (LLC), was filed in this office on March 12, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 06, 2021.



A handwritten signature in black ink, appearing to read "Jose A. Esparza".

Jose A. Esparza
Deputy Secretary of State