M220000/437

(Requestor's Name)	
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W22-1697	

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01/03/22--01020--025 **160.00

S. HAWKES



January 6, 2022

PEDRO ALANIZ 12096 JADE POINT CT JACKSONVILLE, FL 32218

SUBJECT: PEDRO'S VISION LANDSCAPING AMD TREE SERVICES LLC

Ref. Number: W22000001697

We have received your document for PEDRO'S VISION LANDSCAPING AMD TREE SERVICES LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Letter Number: 922A00000453

Suzanne Hawkes Regulatory II

www.sunbiz.org

COVER LETTER

Registration Section

TO:

Division of Corporations
SUBJECT: Pedros Vision Landscaping and Tree Services LIC 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:
Pedro Alaniz
Name of Person
Pedro's Vision Landscaping + Tree Services LLC
12096 Jade Point Ct
Address
JACKSONVILLE, FL 32218 City/State and Zip Code
Chefpedro ala niz @ 9 mail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pedro Alaniz at (231) 838 - 511) Name of Contact Person Area Code Daytime Telephone Number
Mailing Address: Registration Section Street Address: Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee
Tallahassee, FL 32314 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
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy Dosignation of Registered Agent

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

(State of Foreign Limited Liability Company, must include "Limited Liability Company," L.L.C. or "LLC." Pedro's Vision Lands Caping And Tree Services LLC If name unavailable, one elemente must adopted for the purpose of transacting hostiness in Floride. The element-home must include "Limited Liability Company," C.L.C. or "LLC." (Italian under the law of what Koneyn Inmood liability company or unganized) A NO BUSINESS Transacted because in Prof. of The L. (Obsert Instrumented because in Prof. of The L. (Obsert Address in Pr	IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY
If name wavelethe, one alternate name stopped for the perpose of variating business in Florida. The alternate state make the classification context the time of which foreign timuted liability company. **ILC.** or *ILC.**) State of CT (her addition under the two of which foreign timuted liability company at organisms) A NO BUSINESS Transacted in FL (Shee first inspected business in Plorida of prior to registration) (Nee sections 60) 6964 & 605 0905, FS to determine penalty liability) (Nee sections 60) 6964 & 605 0905, FS to determine penalty liability) Supert Address of Finicipal Office) Westport, CT 06880 Tacksonville, FL 32218 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Padro Haniz Office Address: 2096 Jade PointCt Tacksonville, Florida 32218 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.	COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: VISION Lands caping and Tree Services LLC
State of CT (Duradiction under the law of which foreign limited liability company is organized) 1. NO BUSINGS TRAISACTED IN FL (Date line transacted bases in Florida of grow to registeric) (State first instances business in Florida of grow to registeric) (Street Address of Frincipal Office) Street Address of Frincipal Office) Name: Padro Haniz Office Address: 2096 Jade Point Ct State Padro Padro Padro Padro Padro Padro	(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
State of CT (Duradiction under the law of which foreign limited liability company is organized) 1. NO BUSINGS TRAISACTED IN FL (Date line transacted bases in Florida of grow to registeric) (State first instances business in Florida of grow to registeric) (Street Address of Frincipal Office) Street Address of Frincipal Office) Name: Padro Haniz Office Address: 2096 Jade Point Ct State Padro Padro Padro Padro Padro Padro	Pedro's Vision Landscaping and ree Services LLC. or "LLC." or "LLC." or "LLC."
4. No Business transacted in FL (Disc instances the instrument plants of pipe to regulation) (Size sections 600 6004 & 600 5005, F.S. to determine peralty liability) (Size Address of Frincipal Office) (Mashing Address) (Mashing Address) (Mashing Address) (Mashing Address) (Mashing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Padro Address: 2096 Jade Point Ct P.O. Box NOT acceptable) Name: Padro Address: 2096 Jade Point Ct P.O. Box NOT acceptable) Name: Padro Address: 2096 Jade Point Ct P.O. Box NOT acceptable) Registered agent's acceptance: P.O. Box NOT acceptable P.O. Box NOT acc	
Sured Address of Frincipal Office) Westport, CT 06880 Jacksonville, FL 32218 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Pedro Haniz Office Address: 12096 Jade Point The Solution 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.	2. Tate of Clurisdiction under the law of which foreign limited liability company is organized) 3. SG-J. [FEI number, if applicable]
Name: Padro Alaniz Office Address: 12096 Jade Point Florida (City) 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.	4. No Business transacted in FL. (Date first transacted business in Florida, if prior to registration) (See sections 605 0904 & 605,0905, F.S. to determine penalty liability)
Name: Padro Alaniz Office Address: 12096 Jade Point Florida (City) 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.	5. 9 West-Pair Dr. 6. 12076 Jade Point Ct. (Street Address of Principal Office)
Name: Padro Haniz Office Address: 12096 Jade Point TACKSONVILLE Florida 32218 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.	<u> </u>
Name: Padro Haniz Office Address: 12096 Jade Point TACKSONVILLE Florida 32218 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.	
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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.	
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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.	$1/1/1/0 + 1/2/10 = \frac{1}{1/1}$
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.	TACKSONUILLE Florida 32218 (City)
	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.
	(Hen intered 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: Name and Address: Title or Capacity: Pedro Hlaniz Manager ÆManager Address: 12096 Jade Bint Ct □Member □Member acksonville, FL 32218 Authorized Authorized Person Person ☐ Other Other_____ □Other____ □Other___ □ Manager □Manager Address: _____ □Member Address: ______ □Member □ Authorized □ Authorized Person Person □Other_____ □Other____ □Other_____ Other___ Name: Name: _____ □Manager □Manager Address: Address: _________ □Member □ 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. 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. YEURC Alliniz

Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: January 13, 2022

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

TOTAL CENTRAL CONTRACTOR OF CENTRAL CONTRACTOR CENTRAL CENTRAL CONTRACTOR CENTRAL CONTRACTOR CENTRAL CONTRACTOR CENTRAL C	ECLIC
Business Name VISION LANDSCAPING AND TREE SERVIC	ES LLC
Business ALEI US-CT.BER:1387219	
Formation Date < 04/12/2021	

Secretary of the State

Business ALEI: US-CT.BER:1387219

Note: To verify this certificate, visit Business.ct.gov

Page 1 of 1

Certificate Number: C-00022569