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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	Turf Doctor LLC		
		Name of Limited Liability Company	
		Limited Liability Company for Authorization to Transact Business in Florida," Certi- egister the above referenced foreign limited liability company to transact business in	
Please re	eturn all correspondence concerr	ning this matter to the following:	
	Chane Scholtz		
		Name of Person	
	Turf Doctor LLC		
		Firm/Company	
	1177 Hypoluxo Rd St	te 305	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Lantana FL 33462		
		City/State and Zip Code	!
	chane@turfdoctor.com	City/State and Zip Code ail address: (to be used for future annual report notification)	; :
	E-ma	ail address: (to be used for future annual report notification)	
For furth	ner information concerning this r	matter, please call:	-
	Chane Scholtz	561 6399303	8
	Name of Cont	tact Person Area Code Daytime Telephone Number	\sim
	Mailing Address: Registration Section	Street Address: Registration Section	ഗ
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	
		owing amount: FLORIDA DEPARTMENT OF STATE \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Certified Copy	

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

S-1	manie andreed for the purpose of transacting outdiess in the	ids. The alternate name must include "Limited Liability (Ampiny, L.L.C. or LUC.
Delaware (Jurisdiction under the law of which foreign limited liability company is organized)		87-4061568 	
(Jurisdiction under the law of w	men ioreign immed mioritry company is organized)	(гел падпоск, и жр	икане)
N/A			
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	gistration.) : penalty liability)	
1177 Hypotuxo Rd Ste 305		1177 Hypoluxo Rd Ste 305	
et Address of Principal Office)		6. (Mailing Address)	20
Lantana FL, 33462		Lantana FL, 33462	2022 HAR 3 1
			
			AH 8: 25
Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	φ.
	~		25
Name:	Chane Scholtz		
	1177 Hypoluxo Rd Ste 305		
Office Address:		··	
	Lantana	33462 . Florida	
	(City)	(Zip code)	

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: Title or Capacity: Name and Address: Name and Address: Chane Scholtz Randy Rodrigues ■ Manager □ Manager 6478 Vireo Ct 1963 Brandywine Rd 201 ☐ Member Member West Palm Beach, FL 33462 Lake Worth FL, 33463 Authorized ■ Authorized Person Person □Other___ Other_ □Other. Other_ Stephen Marinucci Semper Fi Facility Maintenance I ☐ Manager □ Manager 9091 DuPont PI 1177 Hypoluxo Rd 302 ☐Member Address: ☐ Member Wellington, FL 33414 Lantana FL, 33462 **■** Authorized ■ Authorized Person Person □Other ___ ☐ Other Other___ Other □Manager □ Manager ☐ 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. 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. Signature of an authorized person

Typed or printed name of signee

Randy Rodrigues

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "TURF DOCTOR, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

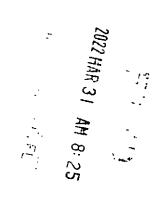
LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE ELEVENTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TURF DOCTOR,

LLC" WAS FORMED ON THE NINTH DAY OF DECEMBER, A.D. 2021.

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





Authentication: 202894833

Date: 03-11-22