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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(D. Mariana)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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S. FRANKLIN AUG 2 3 2022

CORPORATION SERVICE COMPANY

1201 Hays Street

.

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195	-1				
	REFERENCE : 843382 8379511	222				
	AUTHORIZATION: Sould le man	. 22				
	COST LIMIT : \$ 125.00	P				
ORDER DATE :	July 28, 2022	12: ~2				
ORDER TIME :	8:56 AM					
ORDER NO. :	843382-050					
CUSTOMER NO:	8379511					
FOREIGN FILINGS						
NAME:	PROTECT ENVIRONMENTAL, LLC					

CONTACT PERSON: Eyliena Baker -- EXT#

____ CERTIFICATE OF GOOD STANDING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX QUALIFICATION (TYPE: LL)

CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER:

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company, must include "Limit	ted Liability	Company," "L.L.C.," or "LLC,")		
211	name adopted for the purpose of transacting business in Fl	1-21-71-1	indext of investment in the Community		
(il name unavailable, enter alternale i	name adopted for the purpose of transacting business in Fi	iorius ine ali	emate tame must include Climited Liability Compa	iy, 1,1 or 1,1	
DE 2		3	85-4121233		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	5.	(FEI number, if applica	(FEI number, if applicable)	
08/01/2022					
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	o registration nine penalty l	ability)	222	
9822 Bluegrass Pkw	y.	6	9822 Bluegrass Pkwy.		
(Street Address of	Principal Office)	0.	(Mailing Address)	<u>5</u> 2	
Louisville, KY 40299			Louisville, KY 40299	F: 2: ?2	
		•		<u>155</u>	
7. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Bo.	x <u>NOT</u> a	eceptable)		
	Corporation Service Company				
Name:					
Office Address:	1201 Hays Street				
	Tallahassee		32301 . Florida		
	(Cits)	· ·	(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.

Corporation Service Company

By:

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Jeff Grav Kyle Hoylman Name: Name: ★ Manager 9822 Bluegrass Pkwy. 9822 Bluegrass Pkwy. Address: Member Member Address: (Louisville, KY 40299 Louisville, KY 40299 Authorized Authorized Person Person Other___ Other _____ Other_ Other____ Manager Manager Name: Address: Member Address: Member Authorized Authorized Person Person Other Other Other Other Manager Manager Name: _____ Name: ___ Member 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 Jeff Grav

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "PROTECT ENVIRONMENTAL, 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 NINETEENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROTECT ENVIRONMENTAL, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF NOVEMBER,

A.D. 2020.

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

·22 P:12:32



Authentication: 204205742

Date: 08-19-22