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

(((H23000302604 3)))



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 : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address: _

Foreign Limited Liability Company AKA Tree Service, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

SEP - 5 2023

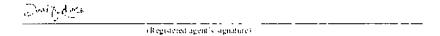
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050502, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

/Name of Foreign	Umitted Liability Company, must include "Limited	Tability Company," "L. L. C.," or "LLC.")	
Harrison on a minible consent attention	name adopted for the purpose of transacting business in Hi	wale. The alternation rates were tractically functional for	Bilds Common 1993 C. Corel C.
	manic married for the purpose of diameters; custiless in the	SOLIT CAR DESIGNAC BADING STREET HAR CHIDDEN LOD	12.3. O 110
Georgia		32-0694043	
Thirselection under the law of w	hich foreign funited hability company is organized)	(FFU mamba	r, if applicable)
	(Date first transacted business in Florida, st point to a osee sections 600, 0904 & 608 (000), E.S. (o) determine	egistration) ne penalty mibidity)	
7901 4th St N STE 300		7901 4th St N STE 300	
reer Address of Principal Office)		(Mailing Address)	· · · · · · · · · · · · · · · · ·
St. Petersburg FL 3370		St. Petersburg FL 33702	
			1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	SEP -1
Name:	Registered Agents Inc		ئىــــــــــــــــــــــــــــــــــــ
: (()); (.		· -	ج. <u>ج.</u>
Office Address.	7901 4th St N STE 300		
	St. Petersburg	Florida <mark>33702</mark>	
	(Cgy)	(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.



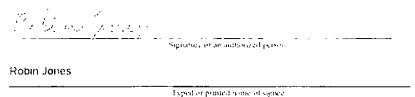
Tc 18506176383

8.	For initial indexing purposes,	list manes, ti	itle or capacity	and addresses	of the primary	members	managers or	регѕонѕ	authorized to
m	inage [up to six (6) total];								

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Jason Fenley Name:	□Manager	Name:
X :Member	Address:	□Member	Address:
i'''Authorized	4104 W. White Rd	'^Authorized	
Person	Oakwood GA 30566	Person	
□Other _	□Other <u> </u>		EOther & TI
□Manager	Nume:	UManager	Name:
□Member	Address:	Member	Address:
□ Authorized	<u> </u>	Authorized	
Person		Person	
∐Other		[Other	Other
!_,Manager	Name:	Manager	Name:
□Member	Address.	□Member	Address:
□Authorized		_Authorized	
Person		Person	
□Other	□Other	ElOther	□ 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 \$.817,155, F.S.



Control Number: 11054917

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530



CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Aka Tree Service, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number 25601962
Date Inc/Auth/Filed 07/20/2011
Jurisdiction Georgia
Print Date 06/27/2023
Form Number 211



Bred Raffersperger

Brad Raffensperger Secretary of State