

(Requestor's Name)					
(roquesto, s riumo,					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
` '					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

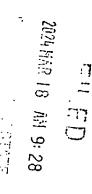




000425699390

00/19/24--01008 -008 \*\*125.00

RECEIVED MAR 18 2024



T. LEMIĞUX MAR 28 2024

## COVER LETTER

TO:

Registration Section

	Nam	ne of Limited Liability Company				
		Company for Authorization to Transact Business in Florida," Certificate $\alpha$ referenced foreign limited liability company to transact business in Florid				
lease return	all correspondence concerning this matter t	to the following:				
	C. Leo					
	<del></del>	Name of Person				
	Harbor Compliance					
	Firm/Company					
	1830 Colonial Village Ln					
		Address				
	Lancaster, PA 1760	)1				
	C	City/State and Zip Code				
	cleo@harborcomplia	ance.com				
	E-mail address: (to be	e used for future annual report notification)				
or further in	nformation concerning this matter, please ca	III:				
С	. Leo	at (717 Area Code Daytime Telephone Number				
	Name of Contact Person	Area Code Daytime Telephone Number				
Reg	iling Address: gistration Section vision of Corporations D. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee				

## 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

	name adopted for the purpose of transacting business in Fl.	orida. The alternate	name must include "Limited Liabilit	y Company,	" "I,,I,,C,"	or "I
Georgia	hich toreign limited liability company is organized)	<sub>3.</sub> 84-4917346				
(Jurisdiction under the law of w	hich toreign limited liability company is organized)	(FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ne penalty liability)		_		
3715 Northside Pkwy NW		6. Mailing Address) Northside Pkwy NW				
Bldg. 100, Suite 102		Bldg. 100, Suite 102				
Atlanta, GA 30	327	Atlanta, GA 30327				
Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	able)	,	2024	
Name:	Registered Agents Inc				1024 MAR 18	-
Office Address:	7901 4th St N STE 300			 	/M 9: 28	
	St. Petersburg		. Florida 33702	TATE	1: 28	
(Cny)			(Zin code)	_ ;11		

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.

ें को हिस्स		
	(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: Name and Address: Title or Capacity: Name and Address: Name: Gunnison Acquisition Holdings, Llc □ Manager □Manager Name: Address: 3715 Northside Pkwy NW **M**ember □Member Address: Bldg. 100, Suite 102 ☐ Authorized Authorized Atlanta, GA 30327 Person Person Other □Other\_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ Name: Allan Greenspan □ Manager □ Manager Address: 3715 Northside Pkwy NW □Member □Member Address: Bldg. 100, Suite 102 X Authorized ☐ Authorized Atlanta, GA 30327 Person Person □Other\_\_\_\_\_ □Other\_\_\_\_ Other\_\_\_\_ □Other\_\_\_\_ □Manager Name: □ Manager Name: \_\_\_\_\_ Address: Address: □Member □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. allen Grenspar Signature of an authorized person

Allan Greenspan, Authorized Signer

Typed or printed name of signee

Control Number: 20029411

## 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

> Gunnison Tree Services, 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 : 26558460 Date Inc/Auth/Filed: 02/26/2020 Jurisdiction : Georgia Print Date : 01/28/2024

Form Number : 211



Brad Rafforsperger

**Brad Raffensperger** Secretary of State