

**12400005952**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

((H24000169481 3)))



H240001694813ABC2

**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 : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*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  
DECCA Lawn Services LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 04       |
| Estimated Charge      | \$155.00 |

RECEIVED

2024 MAY -9 PM 4:35

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAY -9 AM 7:47  
TALLAHASSEE, FL

FILED

H24000169481 3

# 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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. DECCA Lawn Services LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (PEI number, if applicable)

Upon filing of this application

4. (Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

8825 SW 110th Street

5. (Street Address of Principal Office)

Ocala, Florida 34471

8825 SW 110th Street

6. (Mailing Address)

Ocala, Florida 34471

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chuck Stein

Office Address: 8825 SW 110th Street

Ocala

(City)

34471

, Florida (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.

(Registered agent's signature)

FILED  
2024 MAY -3 AM 7:47  
TALLAHASSEE, FL

H24000169481 3

H24000169481 3

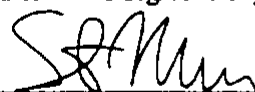
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>                     | <u>Title or Capacity:</u>                      | <u>Name and Address:</u>             |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Manager           | Name: <u>Standard Woodfields Oak Run LLC</u> | <input type="checkbox"/> Manager               | Name: <u>Steven Miller</u>           |
| <input checked="" type="checkbox"/> Member | Address: <u>8825 SW 110th Street</u>         | <input type="checkbox"/> Member                | Address: <u>8825 SW 110th Street</u> |
| <input type="checkbox"/> Authorized        | <u>Ocala, Florida 34471</u>                  | <input checked="" type="checkbox"/> Authorized | <u>Ocala, Florida 34471</u>          |
| Person                                     | _____  | Person   | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                              | <br><input type="checkbox"/> Manager           | <br>Name: _____                      |
| <input type="checkbox"/> Member            | Address: _____                               | <input type="checkbox"/> Member                | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____  | <input type="checkbox"/> Authorized            | _____                                |
| Person                                     | _____  | Person   | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager       | <br>Name: _____                              | <br><input type="checkbox"/> Manager           | <br>Name: _____                      |
| <input type="checkbox"/> Member            | Address: _____                               | <input type="checkbox"/> Member                | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____  | <input type="checkbox"/> Authorized            | _____                                |
| Person                                     | _____  | Person   | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Other _____ |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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

Steven Miller

\_\_\_\_\_  
Typed or printed name of signee

H24000169481 3

# Delaware

The First State

H24000169481 3

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DECCA LAWN SERVICES 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 NINTH DAY OF MAY, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DECCA LAWN SERVICES LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 2024.

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



3315120 8300

SR# 20242004158

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203439574

Date: 05-09-24

H24000169481 3