

M24600015941

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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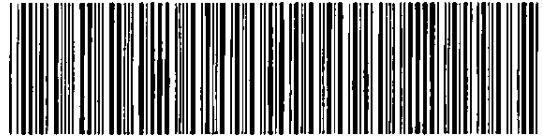
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1st Priority Tree Service LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Patrick Robinson
Name of Person

1st Priority Tree Service, LLC
Firm/Company

14980 La Vernia Rd
Address

St. Hedwig Tx 78152
City/State and Zip Code

probinson@1stprioritytreeservice.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick Robinson at (210) 608 9437
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. 1st Priority Tree Service LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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.")

2. Texas 3. 88 3040945
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/1/24
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. _____ 6. _____
(Street Address of Principal Office) (Mailing Address)

14980 La Vernia Rd
St Hedwig TX 78152

P.O. Box 1083
Adkins, TX 78101

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

Name: Patrick Robinson

Office Address: 361 Garfield Ave

Brooksville Florida 34604
(City) (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.

[Signature]
(Registered agent's signature)

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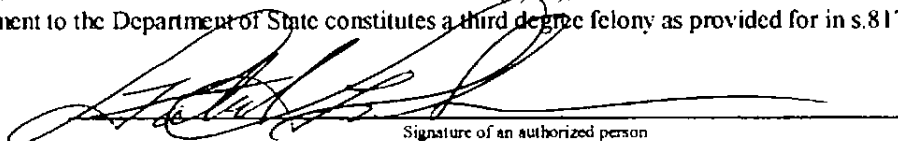
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Mariah Robinson</u>	<input type="checkbox"/> Manager	Name:	<u>Robert Robinson</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>14980 La Vernia Rd</u>	<input checked="" type="checkbox"/> Member	Address:	<u>14980 La Vernia Rd</u>		
<input type="checkbox"/> Authorized		<u>St. Hedwig Tx 78152</u>	<input type="checkbox"/> Authorized		<u>St Hedwig Tx 78152</u>		
Person			Person				
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	<u>Destany Robinsan</u>	<input type="checkbox"/> Manager	Name:	<u>Patrick Robinson</u>		
<input checked="" type="checkbox"/> Member	Address:	<u>14980 La Vernia Rd</u>	<input checked="" type="checkbox"/> Member	Address:	<u>14980 La Vernia Rd</u>		
<input type="checkbox"/> Authorized		<u>St. Hedwig Tx 78152</u>	<input type="checkbox"/> Authorized		<u>St. Hedwig Tx 78152</u>		
Person			Person				
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:		<input type="checkbox"/> Manager	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		<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

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SECRETARY OF STATE
TALLAHASSEE, FL



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for 1st Priority Tree Service LLC (file number 804391332), a Domestic Limited Liability Company (LLC), was filed in this office on January 17, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 18, 2024.



A handwritten signature in black ink that reads "Jane Nelson".

Jane Nelson
Secretary of State