

M250000000294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

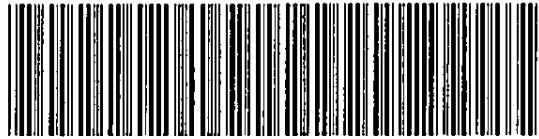
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

W24000142765

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SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 16 PM 2:02

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** HOLTSLANDER AND SONS 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:

Rance Hennessey

Name of Person

Hennessey, CPA

Firm/Company

704 S. Old US 23

Address

Brighton, MI 48114

City/State and Zip Code

sandy@hennesseycpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rance Hennessey

810

225-9955

at ( )

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. HOLTSLANDER AND SONS TREE SERVICE LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

ALEX HOLTSLANDER TREE SERVICE 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. MICHIGAN 3. 81-2010395  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 09/27/2024  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 612 Maria Ave, Clearwater, FL 33755 6. 704 S. Old US 23, Brighton, MI 48114  
(Street Address of Principal Office) (Mailing Address)

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

Name: Rob Beatty

Office Address: 612 Maria Ave

Clearwater, Florida 33755  
(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.

Rob Beatty  
(Registered agent signature)

FILED  
2024 DEC 16 PM 2:01  
CLERK OF STATE  
TALLAHASSEE, FL

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:**

☒ Manager                      Name: Alex Holtslander  
☒ Member                      Address: 1390 Sacker Rd  
☐ Authorized                      Fenton, MI 48430  
Person  
☐ Other                      ☐ Other

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person  
☐ Other                      ☐ Other

☐ Manager                      Name: Rob Beatty  
☐ Member                      Address: 612 Maria Ave  
☒ Authorized                      Clearwater, FL 33755  
Person  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person  
☐ Other                      ☐ Other

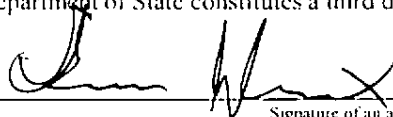
☐ Manager                      Name: Rance Hennessey  
☐ Member                      Address: 704 S. Old US 23  
☒ Authorized                      Brighton, MI 48114  
Person  
☐ Other                      ☐ Other

☐ Manager                      Name: \_\_\_\_\_  
☐ Member                      Address: \_\_\_\_\_  
☐ Authorized                      \_\_\_\_\_  
Person  
☐ Other                      ☐ 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

Rance Hennessey

Typed or printed name of signee

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS**  
**FILING ENDORSEMENT**

*This is to Certify that the* CERTIFICATE OF RESTORATION OF GOOD STANDING  
*for*

HOLTSLANDER AND SONS TREE SERVICE LLC

*ID Number:* 801779954

*received by electronic transmission on* October 01, 2024 *, is hereby endorsed.*

*Filed on* October 01, 2024 *, by the Administrator.*

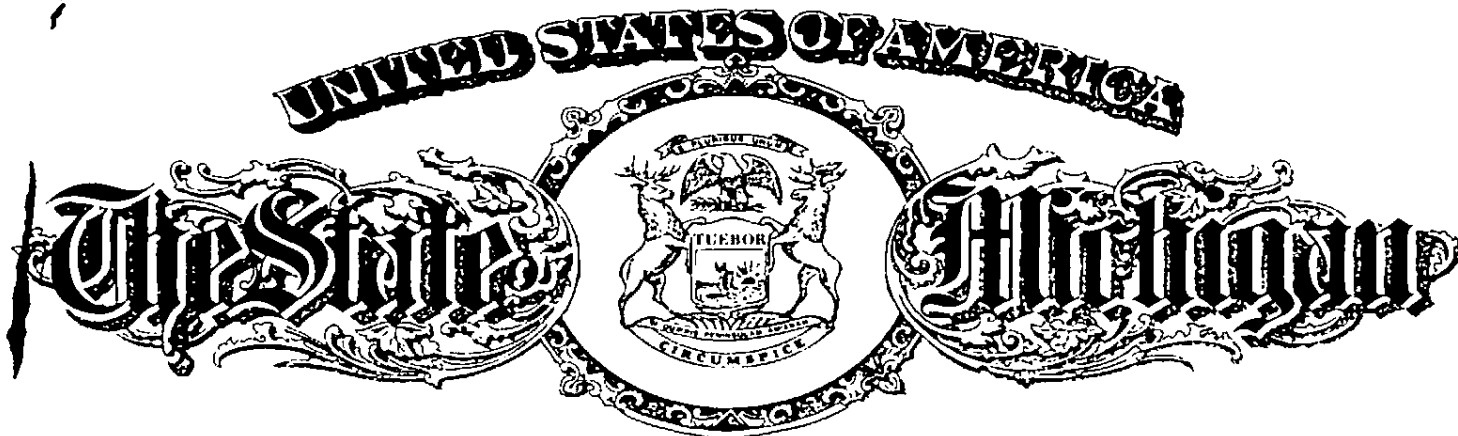
*The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.*



*In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 1st day of October, 2024.*

*Linda Clegg*

Linda Clegg, Director  
Corporations, Securities & Commercial Licensing Bureau



Department of Licensing and Regulatory Affairs

Lansing, Michigan

*This is to Certify That*

**HOLTSLANDER AND SONS TREE SERVICE LLC**

*was validly authorized on April 14 , 2014 , as a Michigan  
DOMESTIC LIMITED LIABILITY COMPANY  
and said limited liability company is validly in existence under the laws of this state and has satisfied its  
annual filing obligations.*

*This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is  
in good standing in Michigan as of this date.*

*This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.*



Sent by electronic transmission

Certificate Number: 24120179101

*In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 5th day of December , 2024.*

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2024

RANCE HENNESSEY  
704 S OLD US 23  
BRIGHTON, MI 48114 US

SUBJECT: HOLTSLANDER AND SONS TREE SERVICE LLC  
Ref. Number: W24000142765

We have received your document for HOLTSLANDER AND SONS TREE SERVICE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Corey Pettway  
Regulatory Specialist II

Letter Number: 824A00023059

**RECEIVED**

**DEC 16 2024**