

F17000005259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

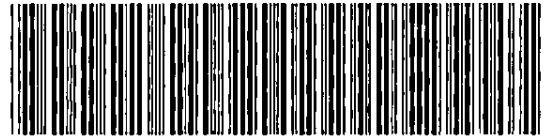
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ARIZONA

AT 11:00 L. 11:00

Q SIMMONS

NOV 22 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 922445 8147042

AUTHORIZATION :

COST LIMIT : \$ 87.50



ORDER DATE : November 20, 2017

ORDER TIME : 1:10 PM

ORDER NO. : 922445-010

CUSTOMER NO: 8147042

FOREIGN FILINGS

NAME: FARMER'S BUSINESS NETWORK,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY

 PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Farmer's Business Network, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
Eric Carnell

| | |
|---|-------------------------|
| _____ Farmer's Business Network, Inc. | Name of Person |
| _____ 388 El Camino Real | Firm/Company |
| _____ San Carlos, CA 94070 | Address |
| _____ legal@farmersbusinessnetwork.com | City/State and Zip code |
| _____ E-mail address: (to be used for future annual report notification) | |

For further information concerning this matter, please call:

| | | |
|-------------------------|-------------------------|-----------------------------------|
| Eric Carnell | 650 | 226-3409 |
| _____ Name of Person | at (_____) Area Code | _____ Daytime Telephone Number |

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy |
|---|--|---|--|

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Farmer's Business Network, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 46-4766342
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/20/2014 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 11/06/2017
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 388 El Camino Real, San Carlos, CA 94070
(Principal office address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Corporation Service Company
- Office Address: 1201 Hays Street
- Tallahassee, Florida 32301
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Corporation Service Company

By: _____

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Amol Deshpande
Address: C/O Farmer's Business Network, Inc., 388 El Camino Real, San Carlos, CA 94070

Vice Chairman: _____
Address: _____

Director: Eric Keller
Address: C/O Farmer's Business Network, Inc., 388 El Camino Real, San Carlos, CA 94070

Director: Randy Komisar
Address: C/O Farmer's Business Network, Inc., 388 El Camino Real, San Carlos, CA 94070

B. OFFICERS

President: Amol Deshpande
Address: C/O Farmer's Business Network, Inc., 388 El Camino Real, San Carlos, CA 94070

Vice President: Eric Carnell
Address: C/O Farmer's Business Network, Inc., 388 El Camino Real, San Carlos, CA 94070

455T Secretary: Eric Carnell
Address: C/O Farmer's Business Network, Inc., 388 El Camino Real, San Carlos, CA 94070

Treasurer: Maria Olide
Address: C/O Farmer's Business Network, Inc., 388 El Camino Real, San Carlos, CA 94070

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. [Signature]
Signature of Director or Officer

The officer, or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Eric Carnell, Vice President
(Typed or printed name and capacity of person signing application)

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FARMER'S BUSINESS NETWORK, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FARMER'S BUSINESS NETWORK, INC." WAS INCORPORATED ON THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



5472609 8300

SR# 20177172862

You may verify this certificate online at corp.delaware.gov/authver.shtml

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

Authentication: 203604265

Date: 11-20-17