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19542080845 From: Ranae McGraw

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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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
Adena Farms LLC

Certificate of Status	0
Certified Copy	1
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J. J. EGGETT
JUL 06 2018

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. ADENA FARMS 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. Delaware

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

3. n/a

(FBI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.
(See section 605.0904 A, 605.0904, F.S. for definition of priority liability)

5. 19798 NE Hwy. 315,

(Street Address of Principal Office)

Fort McCoy, FL 32134

6. _____

(Mailing Address)

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

Name: C T Corporation System

Office Address: 1260 South Pine Island Road

Plantation

(City)

Florida 33324

(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.

By: _____

C T Corporation System

(Registered agent's signature)

Kimberly Laughrey

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Manager

Frank Stronach

455 Magna Drive

Aurora, ON L4G 7A9

(Use attachments if necessary)

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 authorized person)

Frank Stronach

(Typed or printed name of signer)

ADENA FARMS LIMITED PARTNERSHIP
455 Magna Drive
Aurora, ON Canada
L4G 7A9
905-726-7082

CONSENT TO USE OF NAME

Adena Farms Limited Partnership, a partnership organized under the laws of the State of Delaware and authorized to transact business in the State of Florida, hereby consents to the qualification of Adena Farms LLC, a foreign Limited Liability Company, to transact business in the State of Florida.

IN WITNESS WHEREOF, the said Limited Partnership has caused this consent to be executed by its Manager of the General Partner this 3rd day of July, 2018.

ADENA FARMS LIMITED PARTNERSHIP,
by its General Partner: Adena Holdings LLC

By: 
Michael Fuchek, Manager

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ADENA FARMS 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 THIRD DAY OF JULY, A.D. 2018.

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



6438354 8300

SR# 20185498150

You may verify this certificate online at 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.

Jeffrey W. Bullock, Secretary of State

Authentication: 203004935

Date: 07-03-18