

B16000000071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W16-20992 ✓
(Document Number)

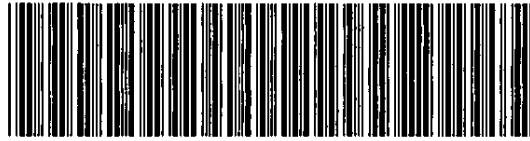
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

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Office Use Only



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03/21/16--01020--004 **1061.25

FILED
16 MAR 30 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 2016
N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PDD Farms, LP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Peter D. Tripoli

Contact Person

PDD, LLC

Firm/Company

23 Kingsbridge Crossing Dr.

Address

Ormond Beach, FL 32174

City, State and Zip Code

ptrip3@hotmail.com

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

For further information concerning this matter, please call:

Peter D. Tripoli

at (724) 350-7242

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

<input type="checkbox"/> \$1,000.00 Filing Fees (\$965 Filing Fee and \$35 Registered Agent Fee)	<input type="checkbox"/> \$1,008.75 Filing Fees and Certificate of Status	<input type="checkbox"/> \$1,052.50 Filing Fees and Certified Copy	<input checked="" type="checkbox"/> \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
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STREET 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2016

PETER D. TRIPOLI
23 KINGSBRIDGE CROSSING DRIVE
ORMOND BEACH, FL 32174

SUBJECT: PDD FARMS, LP
Ref. Number: W16000020992

We have received your document for PDD FARMS, LP and your check(s) totaling \$1061.25. However, the document has not been filed and is being retained in this office for the following:

This cannot be filed until PDD, LLC has been filed.

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.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 616A00005746

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA

1. PDD Farms, LP

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

P.D.D. Farms LP

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Pennsylvania

State or Country of Formation

3. March 8, 2012

Date of Formation

4. Federal Employer Identification Number: 36-4731833

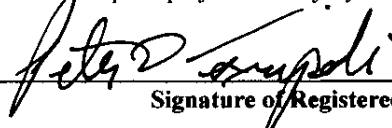
5. Name of Registered Agent for Service of Process and Florida Street Address:

Peter D. Tripoli

23 Kingsbridge Crossing Dr.

Ormond Beach, FL 32174

6. 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 of Registered Agent

7. Principal Office:

23 Kingsbridge Crossing Dr.

Ormond Beach, FL 32174

8. Mailing Address:

23 Kingsbridge Crossing Dr.

Ormond Beach, FL 32174

9. If limited partnership is a limited liability limited partnership, check box .

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: PDD, LLC m16-2636

Street Address: 23 Kingsbridge Crossing Dr

Ormd Beach, FL 32174

Mailing Address: 23 Kingsbridge Crossing Dr.

Ormond Beach, FL 32174

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

Name of General Partner: _____

Street Address: _____

Mailing Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Name of General Partner: _____ Name of General Partner: _____
 Street Address: _____ Street Address: _____

 Mailing Address: _____ Mailing Address: _____

11. Effective date, if other than the date of filing: Date of filing
 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

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

Signed this 15th day of March, 2016

Peter D. Lupoli - President
 Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual 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.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

FILED
 16 MAR 30 PM 1:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

03/15/2016

FILED
16 MAR 30 PM 1:11
DEPT. OF STATE
TALLAHASSEE, FLORIDA

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PDD Farms, LP

is duly registered as a Pennsylvania Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

Certification Number: TSC160315162033-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify.aspx>