## B330000008

(Requestor's Name)	
(Address)	
(4)	
(Address)	
(City/State/Zip/Phone #)	
(0.9,00000000000000000000000000000000000	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600399441726

12/27/22--01015--007 ++1000.00

1022 DEC 27 PM 3: 13

US 121/23 i

## **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: PIA Farmland LP	
Name of Foreign Limited Partnership or Limited	Liability Limited Partnership
The enclosed application, certificate of status and fees are submitted t partnership to transact business in Florida.  Please return all correspondence concerning this matter to:	o register a foreign limited partnership or limited liability limited
Lloyd McAdams	
Contact Person	<del>_</del>
PIA Farmland LP	
Firm/Company	_ ~
243 Tangier Ave	1022
Address	
Palm Beach, FL 33480	~ ~
City. State and Zip Code	C27 PH
LMcAdams@pacificincome.com	
E-mail address: (to be used for future annual report notification)	PRZ DEC 27 PH 3: 13
For further information concerning this matter, please call:	$r_{\overline{n}} \omega$
Lloyd McAdams 310	463 7263
	and Daytime Telephone Number
Enclosed is a check for the following amount:	
■\$1,000.00 Filing Fee	
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

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

PIA Farmland 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. 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. Delaware State or Country of Formation Date of Formation 4. Federal Employer Identification Number:\_\_\_\_38-3923695 5. Name of Registered Agent for Service of Process and Florida Street Address: Lloyd McAdams 243 Tangier Ave Palm Beach, FL 33480 6. Thereby 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 viccept the obligations of my position as registered agent. Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 243 Tangier Ave 243 Tangier Ave Palm Beach, FL 33480 Palm Beach, FL 33480 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:\_\_\_Lloyd McAdams \_\_\_\_\_Name of General Partner:\_\_\_\_ 243 Tangier Ave Street Address: Street Address: Palm Beach, FL 33480 Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_ Name of General Partner: N/A Name of General Partner: N/A Street Address: \_\_\_\_\_ Street Address: \_\_\_\_ Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

## Page 1 of 2

Name of General Partner: N/A	Name of General Partner: N/A
Street Address:	Street Address:
Mailing Address:	Mailing Address:
Note: If the date inserted in this block does not meet the app document's effective date on the Department of State's record.  12. Attached is a certificate of existence duly authenticated, I Florida Department of State, by the Secretary of State or other	er the date this document is filed by the Florida Department of State.) dicable statutory filing requirements, this date will not be listed as the rds.  not more than 90 days prior to the delivery of this application to the er official having custody of the entity's records in the jurisdiction under
the law of which it is organized.  Signed this 19th day of December signat	M'Adve ture of a general partner
The individual signing this document affirms that the facts significant to the Department of State constitution	tated herein are true and the individual is aware that false information
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

Page 2 of 2



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PIA FARMLAND LP" 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 NINTH DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PIA FARMLAND LP"

WAS FORMED ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2013.

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



Authentication: 205050104

Date: 12-09-22