# 823000000111

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

Office Use Only



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06/19/23--01004--003 \*\*1008.73

2023 JUN 13 AM IO: 01
SECRETARY OF STATE
FALLAHASSEE FLORIDA



### FLORIDA FILING & SEARCH SERVICES, INC.

## P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

06/13/23

NAME: AGAMERICA LAND FUND LP

TYPE OF FILING: PARTNERSHIP APPLICATION

COST:

1,008.75 - CHECK ATTACHED

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

\_AGGOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: AgAmerica Land Fund, LP			
Name of Foreign Limited F	artnership or Limited	Liability Limited Partnership	
The enclosed application, certificate of status an partnership to transact business in Florida.  Please return all correspondence concerning this		register a foreign limited partnersh	ip or limited liability limited
Stephanie Moyer			
Contact Person		<b>-</b>	
AgAmerica Lending LLC			
Firm/Company		_	
4030 South Pipkin Road			
Address		_	
Lakeland, FL 33811			
City, State and Zip Code		_	
stephanie.moyer@agamerica.com			
E-mail address: (to be used for future annual r	eport notification)	_	
For further information concerning this matter, p	please call:		
Stephanie Moyer	at (	279-1386	. قب
Name of Contact Person		nd Daytime Telephone Number	- Fa B
Enclosed is a check for the following amount:			SE THE
☐\$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)  ■\$1,008.75 Filing Fee and Certificate of Status			AND JUN 13 AM IG: OF STATE
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	
		Tallahassee, FL 32303	

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

1. AgAmerica Land I	Fund, LP	
(Name of L.	mited Partnership or Limited Lial	bility Limited Partnership, which must include suffix) ship, Limited, L.P., LP, or Ltd. Limited Liability Limited Partnership, L.L.L.P. or LLLP.
If name unavailable	, name under which the limited partn business in Flor	tership or limited liability limited partnership proposes to register to transact ida; must contain acceptable suffix.
2. Delaware		3.8/8/22
St.	ate or Country of Formation	Date of Formatton
4 Federal Employe	r Identification Number: 88-438947	9
	ed Agent for Service of Process and	g Prints Street Address.
Paracorp Incorporate	<del></del>	
155 Office Plaza Dri	ve, 1st Floor	
Tallahassee, FL 3230	01	
6. I hereby accept th of all statutes rela my position as reg	tive to the proper and complete perfo istered agent. SEE	nd agree to act in this capacity. I further agree to comply with the provisions or mance of my duties, and I am familiar with and accept the obligations of EATTACHED ture of Registered Agent
7. Principal Office:		8. Mailing Address:
4030 South Pipkin Road		4030 South Pipkin Road
Lakeland, FL 33811		Lakeland, FL 33811
Name, principa Name of Genera Street Address: Mailing Address Name of Genera	Lakeland, FL 33811	Street Address:  Name of General Partner:  Street Address:  Name of General Partner:  Street Address:
Mailing Address		Mailing Address:

#### Page 1 of 2

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: (Effective date cannot be prior to nor more than 90 days Note: If the date inserted in this block does not meet the document's effective date on the Department of State's re	after the date this document is filed by the Florida Department of State.) applicable statutory filing requirements, this date will not be listed as the
12. Attached is a certificate of existence duly authenticate Florida Department of State, by the Secretary of State or the law of which it is organized.	ed, not more than 90 days prior to the delivery of this application to the other official having custody of the entity's records in the jurisdiction under
Signed this 12 day of June Signed this Signed this 12	nature of a general partner
The individual alamina this document offices that the fact	to ctated becoin 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): Certificate of Status (optional):

\$52.50

\$8.75

Page 2 of 2

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 6/13/2023

ENTITY NAME: AgAmerica Land Fund, LP

#### **REGISTERED AGENT NAME AND ADDRESS:**

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

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# Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AGAMERICA LAND FUND, 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 TWELFTH DAY OF JUNE, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGAMERICA LAND FUND, LP" WAS FORMED ON THE EIGHTH DAY OF AUGUST, A.D. 2022.

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

Authentication: 203533660

Date: 06-12-23