



# FO1000003784

ACCOUNT NO. : 072100000032

REFERENCE : 220625 126396A

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : July 13, 2001

ORDER TIME : 11:08 AM

ORDER NO. : 220625-005

CUSTOMER NO: 126396A

CUSTOMER: Ms. Marcy Macneill  
John L. Licciardi, Esq  
1400 Gulf Shore Blvd. North  
Suite 208b  
Naples, FL 34102

200004475022--0  
-07/13/01--01090--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 JUL 13 PM 12:19  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

## FOREIGN FILINGS

NAME: CONNELL'S SUNRIDGE ORCHARDS,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward -- EXT# 1135

EXAMINER: \_\_\_\_\_

FILED  
01 JUL 13 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mtw  
7/17



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

July 16, 2001

DARLENE WARD  
CSC  
TALLAHASSEE, FL

SUBJECT: CONNELL'S SUNRIDGE ORCHARDS, INC.  
Ref. Number: W01000016286

**RESUBMIT**  
Please give original  
submission date as file date.

We have received your document for CONNELL'S SUNRIDGE ORCHARDS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that in addition to the application you must submit a certificate of corporate existence from Wisconsin. The certificate must be dated within the past 90 days.

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) 245-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 601A00041623

01 JUL 13 PM 3:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE  
2001 JUL 17 PM 2:56  
TO ACQUAINTANCE  
SUFFICIENCY OF FILING

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONNELL'S SUNRIDGE ORCHARDS, 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", 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:

John L. Licciardi, Esquire

(Name of Person)

John L. Licciardi, P.A.

(Firm/Company)

1400 Gulfshore Blvd. N., Suite 208-B

(Address)

Naples., FL 34102

(City/State and Zip code)

For further information concerning this matter, please call:

John L. Licciardi, Esquire

(Name of Person)

at (941) 261-6000

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

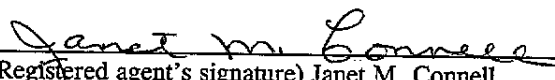
- ☐ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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01 JUL 13 PM 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. CONNELL'S SUNRIDGE ORCHARDS, INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION"  
or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead  
of a natural person or partnership is not so contained in the name at present.)
2. Wisconsin  
(State or country under the law of which it  
is incorporated)
3. 39-0952049  
(FEI number, if applicable)
4. December 31, 1959  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist  
or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert  
"Upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 6074 Westbrough Dr., Naples, FL 34112  
(Principal office address)  
6074 Westbrough Dr., Naples, FL 34112  
(Current mailing address)
8. All purposes permitted by the state of Florida  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box Not acceptable)  
Name: Janet M. Connell  
Office Address: 6074 Westbrough Dr.  
Naples, Florida 34112  
(City) (Zip code)
10. 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.*

  
(Registered agent's signature) Janet M. Connell

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JUL 13 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11. 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.

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

**A. DIRECTORS**

Chairman: Janet M. Connell

Address: N4700 - 90<sup>th</sup> Street, Menomonie, WI 54741

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Mark T. Connell

Address: N4700 - 90<sup>th</sup> Street, Menomonie, WI 54741

**B. OFFICERS**

President: Janet M. Connell

Address: N4700 - 90<sup>th</sup> Street, Menomonie, WI 54741

Vice President: Mark T. Connell

Address: N4700 - 90<sup>th</sup> Street, Menomonie, WI 54741

Secretary: None

Address: \_\_\_\_\_

Treasurer: None

Address: \_\_\_\_\_

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

13. Janet M. Connell  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Janet M. Connell  
(Types or printed name and capacity of person signing application)

FILED  
01 JUL 13 PM 3:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOM  
180 181 185

United States of America

State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, RAY ALLEN, Administrator of the Division of Corporate & Consumer Services of the Department of Financial Institutions, do hereby certify that

CONNELL'S SUNRIDGE ORCHARDS, INC.

is a domestic corporation organized under the laws of this state and that its date of incorporation is DECEMBER 31, 1959.

I further certify that said corporation has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921 or 181.1622, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed the official seal  
of the Department on July 16, 1996.

RAY ALLEN, Administrator  
Division of Corporate & Consumer Services  
Department of Financial Institutions

BY:

FILED  
01 JUL 13 PM 3:35  
SECRET  
TALLAHASSEE, FLORIDA

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.