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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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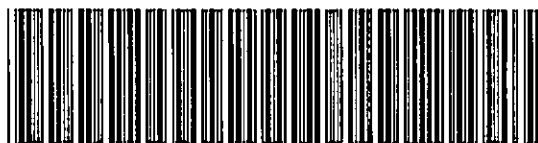
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. LEMIEUX

APR 12 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Las Casitas, 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," or "Certificate of Good Standing" 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:

Dawn D. Dyer, Esq.

Name of Person

Law Office of Dawn D. Dyer, P. C.

Firm/Company

936 Roosevelt Trail, Suite 4

Address

Windham ME 04062-5654

City/State and Zip code

ddyer@dawndyerlaw.com

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

For further information concerning this matter, please call:

Julie Pease Galipeau

at (207) 893-8100

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

**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. LAS CASITAS, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MAINE 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 12, 1993 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 139 Oneida Street, St. Augustine, Florida 32084
(Principal office street address)

29 Timberhill Road, Windham, Maine 04062
(Current mailing address, if different)

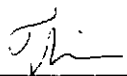
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: TIMOTHY E. KLINE
Office Address: 5280 MUSKOGEEAN STREET
ST. AUGUSTINE, Florida 32092
(City) (Zip code)

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9. 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)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Carolyn R. Kline
☐ Vice Chairman Address: 29 Timberhill Road
☒ Director Windham ME 04062
☐ President _____
☒ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

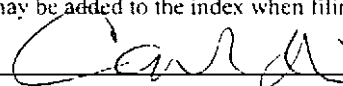
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Earl J. Kline
☐ Vice Chairman Address: 29 Timberhill Road
☒ Director Windham ME 04062
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. Carolyn R. Kline, Treasurer/Vice-President
(Typed or printed name and capacity of person signing application)

State of Maine



Department of the Secretary of State

I, the Secretary of State of Maine, certify that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the records of organization, amendment, and dissolution of corporations and annual reports filed by the same.

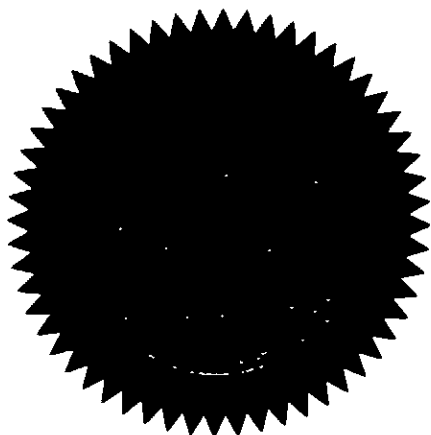
I further certify that LAS CASITAS, INC., formerly PINE RIDGE FARM CORPORATION, formerly UNIFIED DELTA, INC. is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is November 12, 1993.

I further certify that on:

November 12, 1993	ARTICLES OF INCORPORATION were filed.
February 10, 1994	CHANGE OF CLERK AND REGISTERED OFFICE was filed.
February 10, 1994	CHANGE OF LEGAL NAME was filed.
April 2, 1998	CHANGE OF REGISTERED OFFICE was filed.
January 23, 2001	CHANGE OF REGISTERED OFFICE was filed.
February 20, 2004	CHANGE OF REGISTERED OFFICE was filed.
January 31, 2008	CHANGE OF REGISTERED OFFICE was filed.
November 3, 2011	CHANGE OF ADDRESS BY NON COMMERCIAL CLERK/REGISTERED AGENT was filed.
November 8, 2011	ASSUMED NAME was filed.
May 5, 2016	CHANGE OF ADDRESS BY NON COMMERCIAL CLERK/REGISTERED AGENT was filed.
March 6, 2019	CHANGE OF ADDRESS BY NON COMMERCIAL CLERK/REGISTERED AGENT was filed.
October 21, 2021	CHANGE OF LEGAL NAME was filed.

No further amendments have been filed to date.

I further certify that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.



In testimony whereof, I have caused the Great Seal of the State of Maine to be hereunto affixed, given under my hand at Augusta, Maine, this fifteenth day of February 2022.

Shenna Bellows

Shenna Bellows
Secretary of State