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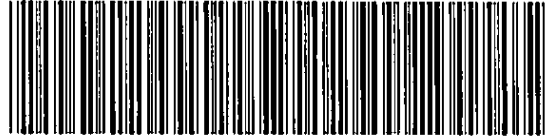
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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LONGREEN FARMS INC

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

AtHodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Longreen Farms 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:

David Hopper

Name of Person

Longreen Farms Inc.

Firm/Company

419 Leedsville Road

Address

Aucania, NY 12501

City/State and Zip code

DDHorseBuy@aol.com

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

For further information concerning this matter, please call:

David Hopper

Name of Person

at (845)

Area Code

373-8897

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. Longreen Farus 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. New York 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/03/1975 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. 419 Leedsville Road, America, NY 12501
(Principal office street address)

(Current mailing address, if different)

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

Name: Richard Mutarelli Jr., Esq.

Office Address: 35 SE 1st Ave, #102

Ocala, Florida 34471
(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.

[Signature]
(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: David Hopper

☐ Chairman Name: _____

☐ Vice Chairman Address: 419 Leedsville Road

☐ Vice Chairman Address: _____

☐ Director Amenia, NY 12501

☐ Director _____

☐ President _____

☐ President _____

☐ Vice President _____

☐ Vice President _____

☐ Secretary _____

☐ Treasurer _____

☐ Secretary _____

☐ Treasurer _____

☒ Other CEO

☐ Other _____

☐ Other _____

☐ Other _____

☐ Chairman Name: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ Director _____

☐ President _____

☐ President _____

☐ Vice President _____

☐ Vice President _____

☐ Secretary _____

☐ Treasurer _____

☐ Secretary _____

☐ Treasurer _____

☐ Other _____

☐ Other _____

☐ Other _____

☐ Other _____

☐ Chairman Name: _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ Director _____

☐ President _____

☐ President _____

☐ Vice President _____

☐ Vice President _____

☐ Secretary _____

☐ Treasurer _____

☐ Secretary _____

☐ Treasurer _____

☐ Other _____

☐ Other _____

☐ 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]
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. DAVID HOPPER, CEO DAVID HOPPER INC.
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: LONGREEN FARMS INC.
DOS ID Number: 366466
Entity Type: FOREIGN BUSINESS CORPORATION
Entity Status: AUTHORIZED
Date of Initial Filing with DOS: 04/03/1975
Statement Status: FARM EXEMPT

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: APPLICATION OF AUTHORITY
Date of Filing: 04/03/1975
Entity Name: LONGREEN FARMS INC.

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/01/1993
Effective Date: 04/01/1992

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/27/1993
Effective Date: 04/01/1993

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/23/1997
Effective Date: 04/01/1997

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/13/1999
Effective Date: 04/01/1999

Document Type: BIENNIAL STATEMENT
Date of Filing: 04/13/2001
Effective Date: 04/01/2001

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/31/2005
Effective Date: 04/01/2005

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/02/2007
Effective Date: 04/01/2007

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/13/2011
Effective Date: 04/01/2011

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on April 28, 2022 at
10:42 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

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Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>

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