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(City/State/Zip/Phone #)

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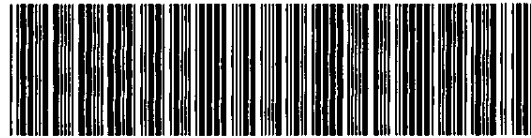
(Business Entity Name)

(Document Number)

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EXAMINER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV - 5 AM 11:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rainbow Farm LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Alvin M. Gaskill
Name of Person

Rainbow Farm LLC
Firm/Company

1505 Tulane Ct
Address

Liberal, Kansas 67901
City/State and Zip Code

gaskills@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alvin M. Gaskill at (620) 482-1250
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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DIVISION OF CORPORATIONS
10 NOV - 5 41:51

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -5 AM 11:51

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Rainbow Farm LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Peachwave LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Kansas 3. 26-3994778
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. OCT 24, 2008 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 1505 Tulane Ct.
Liberal, KS 67901
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:
Alvin M. Gaskill 1505 Tulane Ct., Liberal, Kansas 67901

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____
Self serve frozen yogurt
Alvin M Gaskill
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

ALVIN M. GASKILL
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Rainbow Farm LLC

If unavailable, the alternate to be used in the state of Florida is:

~~Peachwave LLC~~

2. The name and the Florida street address of the registered agent and office are:

ALVIN M. Gaskill
(Name)

249 Colony Blvd.
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

The Villages FL 32162
City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Alvin M Gaskill
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
CHRIS BIGGS**

I, CHRIS BIGGS, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 6288641

Entity Name: RAINBOW FARM LLC

Entity Type: DOM: LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: ALVIN MIKE GASKILL

Registered Office: 1505 Tulane Court, LIBERAL, KS 67901

was filed in this office on October 24, 2008, and is in good standing, having fully complied with all requirements of this office.

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

In testimony whereof I execute this certificate and affix
the seal of the Secretary of State of the state of Kansas
on this day of October 29, 2010



A handwritten signature in black ink, appearing to read "Chris Biggs", written over a horizontal line.

**CHRIS BIGGS
SECRETARY OF STATE**

Certificate ID: 363323 - To verify the validity of this certificate please visit
<https://www.accesskansas.org/bess/flow/validate> and enter the certificate ID number.