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11 OCT -5 AM 9:43  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT - 6 2011

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUTTON FARMS 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:

MELISSA S. CRAIG

Name of Person

Firm/Company

6511 CAY CR.

Address

ORLANDO, FL 32809

City/State and Zip Code

MCRAIG2@CFL.RR.COM

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

For further information concerning this matter, please call:

BELFORD S. LESTER

Name of Person

at (407-854-9960)

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

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STATE DIVISION OF CORPORATIONS

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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

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

*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. SUTTON FARMS LLC**

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

**BARCLIFF FARMS 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. WYOMING**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. APPLIED**

(FEI number, if applicable)

**4. NOVEMBER 23, 2010**

(Date of Organization)

**5. 50 YEARS**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6. NO BUSINESS TRANSACTED**

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

**7. 6511 CAY CIRCLE**

**ORLANDO, FL. 32839**

(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:**

**MELISSA S. CRAIG**

**6511 CAY CR.**

**ORLANDO, FL 32839**

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STATE  
TALLAHASSEE, FLORIDA

**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:**

**LAND INVESTMENT, DEVELOPMENT AND OWNERSHIP**

  
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.)

**BELFORD S. LESTER, ESQ. for BELFORD S. LESTER PA**

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:

SUTTON FARMS LLC

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

BARCLIFF-SUTTON FARMS LLC

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

BELFORD S. LESTER

(Name)

5403 JESSAMINE LANE, SUITE A

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

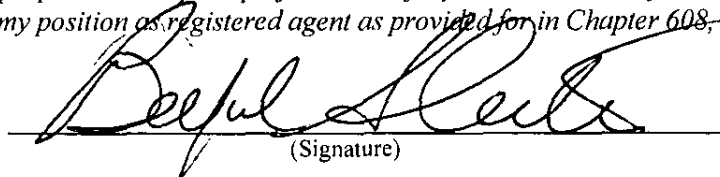
ORLANDO

FL 32839

City/State/Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

  
(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 Wyoming

## Office of the Secretary of State



United States of America, }  
State of Wyoming } ss.

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

**SUTTON FARMS LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **November 23, 2010**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2010-000592998**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 31st day of August, 2011 at 8:44 AM.



*Max Maxfield*  
Secretary of State

By *Rosalie Gonzales*

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STATE  
TALLAHASSEE, FLORIDA

**WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE  
STATE OF FLORIDA**

We, the undersigned, do hereby certify that we are the Managers and/or Managing

Members of SUTTON FARMS LLC

(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of

WYOMING

(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the

requirements of the s. 608.406, F.S., the limited liability company hereby adopts the

following name to transact business in the state of Florida:

BARCLIFF FARMS LLC

(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: OCTOBER 1, 2011

Signature(s) of Manager(s) and/or Managing Member(s):

Melissa D. Craig

MANAGING MEMBER

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2011

MELISSA S. CRAIG  
6511 CAY CR.  
ORLANDO, FL 32809

SUBJECT: BARCLIFF-SUTTON FARMS LLC  
Ref. Number: W11000049539

We have received your document for BARCLIFF-SUTTON FARMS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 411A00022118