H120000H391

(Re	questor's Name)	····
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	9
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
'AUG 0 1 2012 L. SELLERS		

Office Use Only



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SECRETARY OF STATE
ALLAHASSEE FLORICA

COVER LETTER

	ration Section on of Corporations			
SUBJECT:	Hagarberry Distrib	ution, LLC ne of Limited Liability Company	·	
			to Transact Business in Florida," Certificate of iability company to transact business in Florida	
Please return all	correspondence concerning this ma	atter to the following:		
	Kevin S. Cauley			
		Name of Person	,	
	The Law Office of	Kevin S. Cauley,	LLC	
		Firm/Company		
	P.O. Box 569			
	•	Address		
	Cairo, GA 39828			
		City/State and Zip Code		
	ahagar@hagarberryf	2 mg		
		o be used for future annual repo	rt notification)	
		·	,	
For further infor	mation concerning this matter, pleas	se call:		
	Wassin C. Caulan	220 2	77 1200	
	Kevin S. Cauley Name of Person	at (229) 3 Area Code & Daytime Tele	77-1200	
	Name of Person	Area Code & Daytime Tele	pnone Number	
	ING ADDRESS:	STREET ADDRESS:		
	n of Corporations ation Section	Division of Corporations Registration Section		
P.O. Bo	ox 6327	Clifton Building		
Tallaha	ssee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a	check for the following amou	nt:		
	Filing Fee \$130.00 Filing Fe Certificate of Stat	e & \$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

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

1. Hagarberry Distribution, LLC (Name of Foreign Limited Liability Company; must include		"LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")		
2. Georgia 3.	45-4380153	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. <u>01/10/2012</u> 5.	Perpetual	
(Date of Organization)	(Duration: Year limited liability company exist or "perpetual")	will cease to
6(Date first transacted business in Florid	da, if prior to registration.)	
(See sections 608.501 & 608.502 F.S. to 7. 113 S. Monroe St., Suite 103	determine penalty liability)	
(Street Address of	Principal Office)	
8. If limited liability company is a manager-managed co	ompany, check here	
9. The name and usual business addresses of the manag	ing members or managers are as folk	ows:
Thomas Andrew Hagar 113 S. Mon	roe St., Suite 103, Tall	lahassee, FL 3230
	<u> </u>	
0. Attached is an original certificate of existence, no more than 90 day he jurisdiction under the law of which it is organized. (A photocopy is		
ranslation of the certificate under oath of the translator must be submitt	ed.)	er e e
1. Nature of business or purposes to be conducted or p	romoted in Florida:	Δ ω
Distribution of blueberry product	<u>~ • </u>	io : III
andy Haga	<u> </u>	
	orized representative of a member. Ş	Şmi ve∸
(In accordance with section 608.408(3), F.S., the execution penalties of perjury that the facts stated herein are true. It document to the Department of State constitutes as	am aware that any false information submit	tted in a
Thomas Andrew Hagar		<i>,</i>
Typed or printed na	ame of signee	
Thomas andre	w Hagar.	

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:
Hagarberry	y Distribution, LLC
If unavailable, th	ne alternate to be used in the state of Florida is:
2. The name and	I the Florida street address of the registered agent and office are:
	Thomas Andrew Hagar
•	(Name)
	113 S. Monroe St., Suite 103
	Florida Street Address (P.O. Box NOT ACCEPTABLE)
_	Tallahassee, FL 32301
	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.

Thomas andrew Horgan
(Signature)

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

Control No. 12002750

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

HAGARBERRY DISTRIBUTION, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 01/10/2012 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 25th day of June, 2012

B: P.L

Brian P. Kemp Secretary of State

Certification Number: 9172080-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp