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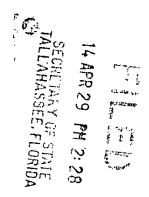
(Re	equestor's Name)	 -			
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				

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04/22/14--01008--011 **160.00



J. Shivers MAY 0 5 2000



April 22, 2014

RINDI BEACHEL 1212 S MYRTLE AVE CLEARWATER, FL 33756

SUBJECT: TERRAPIN RIDGE FARMS, LLC

Ref. Number: W14000025396

We have received your document for TERRAPIN RIDGE FARMS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name address and title for the person in listed in #7.,

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 314A00008540

Division of Compositions DO POV 6227 Tollahaggee Florida 3231

COVER LETTER

TO:

Registration Section

Divi	ision of Corporations					
SUBJECT:	Terrapin Ric	lge Farms	, LLC			
•		Name of Limited	Liability Company			
The enclosed Existence, and	"Application by Foreign I d check are submitted to re	imited Liability Comp	eany for Authorization and foreign limited	on to Trar I liability	sact Business in Florida," Cer company to transact business	tificate of in Florida
Please return	all correspondence concer	ning this matter to the	following:			
	Rindi Bea	chel				
		Na	me of Person	·	·	
	Terrapin F	Ridge Farm	ns, LLC			
		Fi	m/Company			
	1212 S. M	yrtle Ave.				
			Address			
	Clearwate	r, FL 337	56			
		City/St	ate and Zip Code			
	rindi@terra	apinridge.d	com			
	E-	mail address: (to be used	for future annual repo	ort notifica	tion)	
For further in	formation concerning this	matter, please call:				
R	indi Beache		_at (442	-3663	
	Name of Con	act Person	Area Code		time Telephone Number	
	ILING ADDRESS:		T ADDRESS:			
	ision of Corporations		n of Corporations ation Section			
_	istration Section . Box 6327		Building			
	ahassee, FL 32314	2661 Ex	kecutive Center Circ ssee, FL 32301	ele		
Enclosed is	s a check for the follow	ving amount:				
	\$125.00 Filing Fee S	130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy		■ \$160.00 Filing Fee, Certif of Status & Certified Cop	

Atta Justin Shivers Come wis 2000 32th

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the r	purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C," or "LLC.")	
_{2.} Delaware	3. 27-2942135
(Jurisdiction under the law of which foreign limited liabi company is organized)	lity (FEI number, if applicable)
July 10, 2010	
(Date first transacted	business in Florida, if prior to registration.) & 605.0905, F.S. to determine penalty liability)
1212 S. Myrtle Ave.	
	<u> </u>
(Sti	reet Address of Principal Office)
Clearwater, FL 33756	,
·	
	(Mailing Address)
	[€] F
7. The name, title or capacity and address of	f the person(s) who has/have authority to manage is/are.
	[€] F
Mary O'Donnell, Member	f the person(s) who has/have authority to manage is/are.
Mary O'Donnell, Member 1212 S. MyRTLE Ave.	f the person(s) who has/have authority to manage is/are:
Mary O'Donnell, Member 1212 S. MyRTLE Ave.	f the person(s) who has/have authority to manageris/are.
Mary O'Donnell, Member 1212 S. Myrtle Ave. CLEAREWATER, FL 33756	f the person(s) who has/have authority to manage is/are. APR 99 FEE SOLUTION SEED SEED SOLUTION SEED SOLUTION SEED SEED SEED SEED SEED SEED SEED SEE
Mary O'Donnell, Member 1212 S. Myrtle Ave. CLEARWATER, FL 33756 Attached is an original certificate of existe	f the person(s) who has/have authority to manageris/are. A PR A
Mary O'Donnell, Member 1212 S. Myrtle Ave. CLEARWATER, FL 33756 Attached is an original certificate of existe aving custody of records in the jurisdiction in	f the person(s) who has/have authority to manage is/are. All 198 Solution 198 Ence, no more than 90 days old, duly authenticated by the official under the law of which it is organized. (A photocopy is not
Mary O'Donnell, Member 1212 S. Myrtle Ave. CLEARWATEL, FL 33756 Attached is an original certificate of existe aving custody of records in the jurisdiction acceptable. If the certificate is in a foreign land	f the person(s) who has/have authority to manageris/are. A PR A
Mary O'Donnell, Member 1212 S. Myrthe Ave. CLEARWATER, FL 33756 Attached is an original certificate of existe aving custody of records in the jurisdiction acceptable. If the certificate is in a foreign langust be submitted)	f the person(s) who has/have authority to manage is/are. All 198 Solution 198 ence, no more than 90 days old, duly authenticated by the official under the law of which it is organized. (A photocopy is not nguage, a translation of the certificate under oath of the translato
Mary O'Donnell, Member 1212 S. Myrte Ave. CLEARWARR, FL 33756 3. Attached is an original certificate of existe raving custody of records in the jurisdiction acceptable. If the certificate is in a foreign land that the submitted)	f the person(s) who has/have authority to manage is/are. All 198 Solution 198 Ence, no more than 90 days old, duly authenticated by the official under the law of which it is organized. (A photocopy is not

Typed or printed name of signee

Mary O'Donnell

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Terrapin Ridge Farms, LLC f unavailable, the alternate to be used in the state of Florida is:						
ii unavanable,	ine alternate to be u	sed in the state of Florida is:				
2. The name a	and the Florida street	address of the registered agent and office are:				
	Mary ODon	nell / Terrapin Ridge Farms, LLC				
		(Name)				
	1212 S. M	rytle Ave.				
•	Florida	Street Address (P.O. Box NOT ACCEPTABLE)				
	Clearwater	FL 33756				
		City/State/Zip				
liability comparegistered agentstatutes relating	ny at the place design at and agree to act in g to the proper and c	gent and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointmental this capacity. I further agree to comply with the provisions of all omplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605 Floridae				
	mary	(Signature)				
	:	5 100.00 Filing Fee for Application 5 25.00 Designation of Registered Agent 6 30.00 Certified Copy (optional)				

Certificate of Status (optional)

\$ 5.00

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TERRAPIN RIDGE FARMS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF APRIL, A.D. 2014.

> 48.572EE क्ष्रा है । इ

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140435740

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State AUTHENTYCATION: 1278748

DATE: 04-09-14