11/3/2014 16:56:20 From: To: \$506176383 000079gsof19

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone : (850)222-1092 Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

#### Foreign Limited Liability Company SG ASSETS, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 05       |
| Estimated Charge      | \$125.00 |

Electronic Filing Menu

Corporate Filing Menu

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4 2014

#### **COVER LETTER**

| TO:                   | Registration Section Division of Corporation | •   |  |   |         |
|-----------------------|--|---|--|---|---------|
| SUBJE                 | SG Assets, LL                                | С   |  |   |         |
|                       |  | Name of Limite  | d Lisbility Company                                    |   |         |
| The encl<br>Existence | losed "Application by Fore                   | eign Limited Liability Com<br>I to register the above refer | pany for Authorization to benced foreign limited liabi | ransact Business in Florida," Certificate o<br>lity company to transact business in Florida | f<br>⊾. |
| Please re             | ctum all correspondence c                    | oncerning this matter to the                                | following:   |   |         |
|                       | Barbara J. Kite,                             | VP, Finance & Human Res                                     | ources   |   |         |
|                       |  | N   | ame of Person  |   |         |
|                       | Shenandoah Gro                               | wers, Inc.  |  |   |         |
|                       |  |   |  |   |         |
|                       | 3453 Koehn Driv                              | /e  |  |   |         |
|                       |  |   | Address  |   |         |
|                       | 3453 Koehn Driv                              | o, Harrisonburg, VA 2280                                    | 12   |   |         |
|                       |  | <del></del>   | tate and Zip Code                                      |   |         |
|                       | harbara@freshhei                             | bs.coms   |  |   |         |
|                       |  |   | tor future annual report noti                          | fication)   |         |
| For furth             | er information concerning                    | this matter, please call:                                   |  |   |         |
|                       | Barbara Kite                                 |   | at / 888 \ 390-6                                       | 5466  |         |
|                       | Name of                                      | Contact Person  | Area Code I  | Daytime Telephone Number  |         |
|                       | MAILING ADDRESS:                             |   | T ADDRESS:   |   |         |
|                       | Division of Corporations                     |   | n of Corporations                                      |   |         |
|                       | Registration Section P.O. Box 6327           |   | ation Section  |   |         |
|                       | Tallahassee, FL 32314                        |   | Building<br>kecutive Center Circle                     |   |         |
|                       | i anagayo, i a Jesi w                        |   | ssee, FL 32301   |   |         |
| Enclose               | ed is a check for the fo                     | llowing amount:   |  |   |         |
|                       |  | □ \$130.00 Filing Fee &                                     | ☐ \$155.00 Filing Fee &                                | ☐ \$160.00 Filing Fee, Certificate  |         |
|                       | _  | Certificate of Status                                       | Certified Copy   | of Status & Certified Copy  |         |

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

| (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC   | <del>")</del>                | -          |
|---|------------------------------|------------|
| If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name muliability Company," "L.L.C," or "LLC.")  | ust include "Lin             | nised      |
| Virginia 3 47-1767580   |                              |            |
| (Aurisolition under the law of which foreign limited liability (FEI number, if applicable) company is organized)  |                              | -          |
| L.  |                              |            |
| (Date first transacted business in Florids, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  |                              | -          |
| ALABAY I W.   |                              |            |
| 3453 Koenn Drive  | > in                         | -          |
| Harrisonburg, VA 22802  |                              |            |
| (Street Address of Principal Office)  |                              | AON        |
| 3453 Koehn Drive  |                              | - , [      |
| Harrisonburg, VA 22802  | SEE<br>C                     | ယ          |
| (Mailing Address)   | ى لىـ                        | -32        |
| 7. The name, title or capacity and address of the person(s) who has/have authority to manage  |                              | F          |
|   | = \ '                        | S          |
| Timothy Heydon President/CEO  | <u> </u>                     | ·          |
| 3453 Koehn Drive  |                              |            |
| Harrisonburg, VA  |                              | -          |
| 22802   |                              |            |
|   |                              | •          |
| . Attached is an original certificate of existence, no more than 90 days old, duly authenticate   | ad by the off                | īcial      |
| aving custody of records in the jurisdiction under the law of which it is organized. (A photo   |                              |            |
| ecceptable. If the certificate is in a foreign language, a translation of the certificate under oath  | of the trans                 | Hator      |
| nust be submitted)  |                              |            |
| a.b. ldx  |                              |            |
| C. Million of the state of the |                              |            |
| Signature of an authorized person accordance with section 605.0203, F.S., the execution of this document/constitutes an affirmation under the penalties of perjury that the   | o flicts stated here         | in are tre |
| aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for it  | 1 <b>5.8</b> 1 7.1 55, F.S.) |            |
| Barbara J Kite  |                              |            |
| Typed or printed name of signee   |                              |            |

#### 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.

| If unavailabl                                     | e, the alternate to be used in  | the state of Florida is:   |                                      |                       |
|---|---|--|--------------------------------------|-----------------------|
| 2. The name                                       | and the Florida street addres   | ss of the registered agent and office are:   | TALL                                 | 14 NOV -              |
|   | C T Corporation System  |  | <u> </u>                             | 5                     |
|   |   | (Name)   | TARY<br>ASSE                         | <u>.</u>              |
|   | 1200 South Pine Island Road   |  | <u>ju</u> ē :                        | P #                   |
|   | Florida Street A  | Address (P.O. Box NOT ACCEPTABLE)  |                                      | -<br>-<br>-<br>-<br>- |
|   | Piantation  | FI_33324   | 5 R.G                                | ŭ                     |
|   |   | City/State/Zip   | -                                    |                       |
| liability comp<br>registered ag<br>statutes relat | nany at the place designated li<br>ent and agree to act in this ca<br>ing to the proper and complet | nd to accept service of process for the above suin this certificate, I hereby accept the appointment pacity. I further agree to comply with the prote performance of my duties, and I am familiar gistered agent as provided for in Chapter 605, | ent as<br>visions of all<br>with and |                       |

S 100.00 Filing Fee for Application Designation of Registered Agent S 25.00

(Signature)

Jordan Brown, Asst. Secretary

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

By:

# Commonwealth of Hirginia



# State Corporation Commission

## CERTIFICATE OF FACT

## I Certify the Following from the Records of the Commission:

That SG Assets, LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is September 3, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

MEDICARY OF STATE

)... S



Signed and Sealed at Richmond on this Date: November 3, 2014

Joel H. Peck, Clerk of the Commission

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