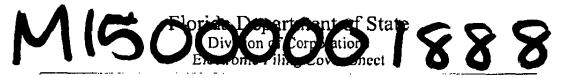
**Division of Corporations** 

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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15 MAR 12 AM 10	SINERU OF COMPLEY INFORMATION SERVI	To:	Division of Corporations  Fax Number : (850)617-6383  Account Name : C T CORPORATION SYSTEM  Account Number : FCA000000023  Phone : (850)222-1092  Fax Number : (850)878-5368	RETARY OF S AHASSEE.FL	

\*\*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 BBP Farms, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

WAR 13 2015 J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

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

1. BBP Farms, LLC (Name of Foreign Limited Liability Company; must incl		
(If name unavailable, enter alternate name adopted for the purpose of t Linbility Company," "L.C." or "LLC.")  2. New York	transacting business in Florida. The alternate name mass facts  3. 47-2408034	de "Limited
(Jurisdiction under the law of which through limited liability company is organized)	(Fill number, (fapplicable)	· · · · · · · · · · · · · · · · · · ·
(Date first transected business in (See spections 605,0904 & 603,0905 5. 349 Vineyard Avenue, Highland,		2015 HAR SECRETA TALLAHA
(Street Address 6. 349 Vineyard Avenue Highland,	New York 12528	HAR 12 PH RETARY OF AHABSEE F
7. The name, title or capacity and address of the per-		8: 25 STATE LORIDA
Brad D. Scott, Operating Manager Brad C. Scott, Operating Manager	349 Vineyard Avenue	
Patricla J. Scott, Operating Manager	349 Vineyard Avenu	9
B. Attached is an original certificate of existence, no reading custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, or must be submitted)	e law of which it is organized. (A photocopy is a translation of the certificate under onth of the	not
In accordance with portion 605 010 FR. the execution of this document com	n authorized person stilutes on affirmation under the penalties of perjury that the focts star	ted herein are trus. I
am owere that any false information submitted in a document to the Department	t or apple constitutes a citar or lises terms, as biosities for its meets 'to	J, C.O.)

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 I-LORIDA.

Florida street address of the registered agent and office are:	201 7AL
T Corporation System	2015 MAR 12 SECRETAR) FALLAHASS
(Name)	AR'AR'
00 South Pine Island Road	PH EE.F
Florida Street Address (P.O. Box NOT ACCEPTABLE)	FLORE
lantation [], 33324	25 Rife
City/State/Zip	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)  antation [1], 33324

S 100.00 Filing Fee for Application
S 25.00 Designation of Registered Agent
S 30.00 Certified Copy (optional)

S 5.00 Certificate of Status (optional)

## State of New York Department of State } ss:

I hereby certify, that BBP FARMS, LIC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/24/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

\*\*\*



Witness my hand and the official seal of the Department of State at the City of Albany, this 04th day of March two thousand and fifteen.

Anthony Giardina

Executive Deputy Secretary of State

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