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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2015

JULIA HUBBARD P.O. BOX 7595 LAKELAND, FL 33807

SUBJECT: AGAMERICA AV1, LLC Ref. Number: W15000072443

We have received your document for AGAMERICA AV1, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return 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.

Stacey M Mason Regulatory Specialist II

Letter Number: 415A00023256

COVER LETTER

Division of Corporations			
SUBJECT: ADAMOVICO AND LAC 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:			
Julia Hubbard Name of Person			
Land South Group			
Firm/Company P-0. Box 7595			
Address			
Lakeland FL 33807			
City/State and Zip Code			
E-mail address: (to be used for future, arnual report notification)			
For further information concerning this matter, please call:			
Min Hubbard at (\$103) L007 - 9500 Name of Contact Person at (\$103) Daytime Telephone Number			
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301			
Enclosed is a check for the following amount: \$\Begin{array}{c c c c c c c c c c c c c c c c c c c			

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 F COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	OREIGN LIMITED LIABILITY
1. AAMEYICA AVI, LLC.," or " (Name of Joreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC.")	: must include "Limited
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. (FEI number, if applicable)	<u> </u>
4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. HOBO S. PLOKIO PH Ste IDD	
6. Lakeland Fl 3381	25 25 25 25 25 25 25 25 25 25 25 25 25 2
P.O. Box 7595 Lakeland FL 33807 (Mailing Address)	50 50
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Prior G. Philot Office Address: 4030 S. Piok new Stello	SY OF STATE
(City), Florida 3811 (City), Florida (Zip code) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent.	capacity. I further agree
(Registered agent's signature)	
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Brian G. Pulph Manager P.O. Box 7595 Lk Bruce J. Philiph Manager P.O. Box 7595 Robert F. Harper, IV Manager P.O. Box 7595	<u>1d F</u> L 33807 <u>LKId</u> FL 33807 <u>LKI</u> d FL 33807
9. Attached is a certificate of existence, no more than 90 days old, duffy authenticated by the official having or jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the translator must be submitted) Signature of an authorized person	ustody of records in the the certificate under oath
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1 Typed or printed name of signde	false information 55, F.S.

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AGAMERICA AV1, 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 TWENTY-EIGHTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGAMERICA AV1, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 10317299

Date: 10-28-15

5832373 8300 SR# 20150682714



VIA EMAIL

November 3, 2015

Attn: Stacey Mason

Florida Department of State

Re: AgAmerica AV1, LLC

L15000176347

This letter is to inform you that I, Brian G. Philpot, am the Manager of AgAmerica AV1, LLC, L1500017634, and I have no intention of reinstating this entity and release the name.

Please let me know if you have any questions.

Sincerely,

Brian G. Philpot, Manager

AgAmerica AV1, LLC