11/5000010323

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
RA + Sign W15-77788			



000279507570



11/30/15--01054--029 **125.00

K.SALY EXAMINER DEC 29 2015



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FLORIDA DEPARTMENT OF STATE: Division of Corporations

December 2, 2015

NELL DUGGINS TARTER Gate, LLC P.O. BOX 10 DUNNVILLE, KY 42528

SUBJECT: TARTER Gate LLC Ref. Number: W15000077788

We have received your document for TARTER FARM AND RANCH, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return 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.

Karen A Saly Regulatory Specialist II

Letter Number: 815A00025222

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Tarter Gate, LIC
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:
Neil Duggins
Name of Person
Tarter Gate, LLC Firm/Company
Firm/Company
P.O. Box 10
Address
Dunnville, Ky. 42528
City/State and Zip Code
nell.duggins@tarterusa.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nell Duggins 606 787-7455
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: ■ \$125.00 Filing Fee □ \$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

	USINESS IN THE STATE OF FLORIDA: Gafe Company, LCC eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," o	
(Name of For	eign Limited Liability Company; must include "Limited Liability Company," "L.IC.," o	r"LLC.")
(If name unavailable, onter a	thereate name adopted for the purpose of transacting business in Florida. The alternate na	me must include "Limited
Liability Company," "L.L.C		
2. Kentucky	3. 61-0662270 of which foreign limited liability (FEI number, if applicable	
combanh is organized)	of which follows the state of t	:)
4. 11-1-15		
	(Date first transacted husiness in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	 ~-2
5. P.O. Box 10	(Goo socious 60039994 is 1003,0903, 133, to determine penalty hability)	
5.		- El a T
10739 S. US HWY. 12	· ·	THE CONTRACTOR
<u></u>	(Street Address of Principal Office)	WIS DEC 29 PM 5: 1
6. Dunnville, Ky. 42528		THE P
	(Mailing Address)	_ 2= -
		\$0° 0
7. Name and street addre	ss of Florida registered agent: (P.O. Box NOT acceptable)	by (A
Name:	Tarter fate-James Humphray	·
085 433	2106 Alder Way Brandon (City) Florida 33510 (Zip code)	
Office Address:	Plot Histr Way	
	Brandon Florida 33510	_
Registered agent's accep	(City) (Zip code)	
	cance: gistered agent and to accept service of process for the above stoted limited liab	ility company at the place
designated in this applica	tion, I hereby accept the appointment as registered agent and agree to act in th	is capacity. I further agree
to complywith the provisi	ons of all statutes relative to the proper and complete performance of my dutie	s, and I am familiar with an
mazepi ine omigations of i	mv position, as registered agent.	
		_
	'gistered sgent's signature)	
8. The name, title or caps	city and address of the person(s) who has/have authority to manage is/are:	
Nell Duggins-Socretary		
Anna Tarrer Smith-CFO		
Q Attached is a comificant	of order on the most than 00 days and day of the control of the co	
jurisdiction under the law of	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation of	custody of records in the
of the translator must be su	hmittod)	, the certainers will be seen
	-//Ill/V	
	Signature of an authorized person	-
This degrees are is a second-d		. Auto in Arra Const
submitted in a document to	in accordance with section 605,0203 (1) (b), Florida Statutes, I am aware that any the Department of State constitutes a third degree felony as provided for in s.817.	taise information

Typed or printed name of signee

Nell Duggins

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

MISORC 20 PK 5:10

Authentication number: 170470

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

TARTER GATE COMPANY, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is April 28, 1999 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 24th day of November, 2015, in the 224th year of the Commonwealth.

SOUTH ALTHUR ALT

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

170470/0473240