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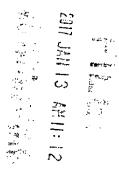
(Re	equestor's Name)			
(Ac	ddress)			
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(Ci	ty/State/Zip/Phone	e #)		
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(Bi	usiness Entity Nar	me)		
(D)	ocument Number)			
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M. MILLIGAN LAN 18 2017

COVER LETTER

TO: Registration Section

Divis	ion of Corporatio	ns				
SUBJECT:	Barber Fertilizer	Supply, LLC				
_			Limited Liability	Company		
					ransact Business in Florida," on the company to transact business	
Please return a	II correspondence	concerning this matter to the	following:			
	J. Michael Fiel	ds				
	***************************************	N	lame of Person			
	Ward and Smit	h, P.A.				
		F	irm/Company			
	Post Office Bo	x 8038				
			Address			
	Greenville, NC	27835-8088				
		City/S	State and Zip Code	,		
	jmf@wardandsn	nith.com				
		E-mail address: (to be use	d for future annua	l report no	tification)	
For further info	ormation concernin	g this matter, please call:				
J. Mi	chact Fields		252	215-40	000	
	Name o	f Contact Person	Area Code	Day	rtime Telephone Number	
Divis Regis P.O. I	LING ADDRESS: ion of Corporations tration Section 30x 6327 nassee, FL 32314			Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32301	
	heck for the follow 25.00 Filing Fee	ing amount: \$\Boxed{\text{\$\sum \text{\$\ext{\$\text{\$\$}\}\$}}}\$}}}}}} \end{length}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	□ \$155,00 Filin Certified Copy	ng Fee &	\$160.00 Filing Fee, Cer of Status & Certified Copy	

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:

1. Barber Fertilizer Sup (Name of For	ply, LLC eign Limited Liability Company; must inclu	ide "Limited Liability Company," "L.L.C.," or "	LLC.")		
(If name unavailable, enter a Liability Company," "L.L.C	Iternate name adopted for the purpose of tra	nsacting business in Florida. The alternate name	must includ	e "Limit	ed
2. North Carolina	3.	81-4951475			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)			
4	(Day Galliana valley)	1-21-6			
	(Date first transacted business in F (See sections 605.0904 & 605.0905,	F.S. to determine penalty liability)			
5. 413 Main Street					
Severn, NC 27877				2817	to.
	(Street Address of Princip.	al Office)	4	<u></u>	9 [
6. Post Office Box 200			11 94	**	Ranakin.
Severn, NC 27877				ದ	Thursday.
5000111,110 21077	(Mailing Address	(8	- f	*****	¥6
7 N	•				
7. Name and street address	ss of Florida registered agent: (P.O. Bo	x NOT acceptable)	181 181	••	
Name:	Paracorp Incorporated		TRACT TO	6.7	
Office Address:	155 Office Plaza Drive, 1st Floor				
	Talahassee	, Florida 32301			
	(City)	(Zip code)			
designated in this applica to complywith the provisi accept the obligations of	gistered agent and to accept service of tion, I hereby accept the appointment of the proper and position as registered agent, (Registered ag	process for the above stated limited liabilities registered agent and agree to act in this rand complete performance of my duties, which the Act Sccraent's signature)	capacity. I and I am fa	further	r agree
•	acity and address of the person(s) who h	as/have authority to manage is/are:			
G. Dallas Barnes, Jr., Mai	nager				
413 Main Street		_			
Severn, NC 27877					
	of which it is organized. (If the certifica abmitted)	duly authenticated by the official having cute is in a foreign language, a translation of the			
	Wooden Barness Signature of an al	\mathcal{L}			
	Signature of an at	uthorized person			
) (b), Florida Statutes. I am aware that any faird degree felony as provided for in s.817.1:		ilion	

Typed or printed name of signee

G. Dallas Barnes, Jr.



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

BARBER FERTILIZER SUPPLY, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 24th day of October, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.







Scan to ve ify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of January, 2017.

6 laine I. Marshall

Secretary of State

Certification# 99611985-1 Reference# 13479542-ACII Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification