1117000002042

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	. 40
(City,	rotate/Zip/Pnone	; # <i>)</i>
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
W17-1612;	2 4:11	
W/7-1612	<u>4 1171e</u>	

Office Use Only



500295296465

02/21/17--01021--007 **125.00

2017 MAR -8 PM 2: 18

MAR 1 0 2017

K. SALY



February 23, 2017

JOHN B ZUMWALT STARK FARMS, LLC 6930 LUTZ LAKE FERN RD. ODESSA, FL 33556

SUBJECT: STARK FARMS, LLC Ref. Number: W17000016122

We have received your document for STARK FARMS, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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: 617A00003586





COVER LETTER

SUBJECT:	STACK FACMS LL Name of	f Limited Liability Company		
The enclosed "Applicati Existence, and check are	on by Foreign Limited Liability Cone submitted to register the above refe	npany for Authorization to Tra renced foreign limited liability	nsact Business in Florida," Certifica company to transact business in Flo	
Please return all corresp	ondence concerning this matter to the	e following:		
	JOHN B. ZUR	Name of Person	*	
	ì	Name of Person		
	STACK FA	HEMS LLC		
		Firm/Company		
	6930 1477	LAVE FERNIZO).	
	@ (20 (00 / D	LAKE FERN RD Address	<u>, </u>	
	00500	9 33(5)		
•	City/	7 33556 /State and Zip Code		
	· · · · · · · · · · · · · · · · · · ·			
	E-mail address: (to be us	1 Caol. Cory sed for future annual report not	ification)	
For further information	concerning this matter, please call:			
	Name of Contact Person	at (<u>727</u>) <u>46</u>	0-1942 time Telephone Number	
Tough	Name of Contact Person	Area Code Day	time Telephone Number	
			STREET ADDRESS:	
MAILING A				
MAILING A Division of Co	prporations	Division	of Corporations	
MAILING AIDivision of Co Registration So	orporations ection	Division Registrat	of Corporations ion Section	
MAILING A Division of Co	orporations ection 7	Division Registrat Clifton B 2661 Exe	of Corporations ion Section	
MAILING AIDivision of Confession Separation Separation Sept. O. Box 6323	orporations ection 7 L 32314 the following amount:	Division Registrat Clifton B 2661 Exc Tallahass	of Corporations ion Section uilding cutive Center Circle	

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. Name of Foreign 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 must include "Limited
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.")
2. STATE OF DELAWAGE 3. (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 9-1-2016
4. Q-1-2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. G930 LUTZ LAKE FEEN RD, ODESSA, FL 33556
(Street Address of Principal Office)
6
6. SAME (Mailing Address)
SAME (Mailing Address) コープラー
7. Name and street address of Florida registered agent: (F.O. Box NOT acceptable)
Name: Josful B. ZUMWAT III
Office Address: (6720 LUIZ UNKE FERNICO.
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature)
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
1612-JOHN B. ZUMWACT IN G930 WIZ LAKE FEAN RO, OUSSA, FR 33556
1162 - MARTHA KORMAN-ZUMWALT, 6930 WIZ LAKE FEEN RD, ODESSA, FL 33566
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted)
Signature of an authorized person
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
A. W.A.
Jastal B. ZUMWKIT "
Typed or printed name of signee

Delaware
The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "STARK FARMS, 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 SEVENTH DAY OF FEBRUARY, A.D. 2017.

2011 MAR -8 PM 2: 18

5944637 8300 SR# 20170546309

You may verify this certificate online at corp.delaware.gov/authver.shtml

MSR

Authentication: 201994246

Date: 02-07-17