# 

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Filone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
WM - 101491 Business as RA					

Office Use Only



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12/22/17--01020--010 \*\*160.00

K. SALY JAN - 9 2018

#### COVER LETTER

TO: Registration Section Division of Corporatio	ns					
SUBJECT:	AVEN LAIR	E FARM	1 LLC			
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:				
	DAVID	J. ALL	EN			
Name of Person						
	LAVEN	LAIR FA	ARM LLC			
	437 D	ENEYS [	BRIDGE RD			
		71007633				
WHITEHALL NY 12887 City/State and Zip Code						
LAVENLAIRFARM@GMAIL.COM						
E-mail address: (to be used for future annual report notification)						
For further information concerning			4			
DIANE	ALLEN of Contact Person	_at ( <u>973</u> ) <u>8</u> Area Code Da	20 - 3264 ytime Telephone Number			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	i	STREE Divisior Registra Clifton I 2661 Ex	T ADDRESS: n of Corporations tion Section			
Enclosed is a check for the follow ☐ \$125.00 Filing Fee	ving amount:  \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy	of Status & Certified Copy			



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 26, 2017

RECEIVED

JAN - 9 2018

DAVID J. ALLEN LAVENLAIR FARM LLC 437 DEWEYS BRIDGE RD WHITEHALL, NY 12887

SUBJECT: LAVENLAIR FARM LLC Ref. Number: W17000101491

We have received your document for LAVENLAIR FARM LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 217A00026074

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

IN COMPLIANCE WITH SECTION (0500)2 FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FORENCE LIMITED LIABILITY

1. LAVEN	SINESS IN THE STATE OF FIT HILLS LATE THE TARM L Institut Company, must include "Limit	Led Lability Company," "L.L.C.," or "Lil	<del>()</del>	
	me adopted for the purpose of regulating masses in the A-L-L and himself limited vicetum, in ingenized	3. 47-1.	(Babble) Congress, "11.1 (17.0-12) (17.5 5.3 1019 summer; (Tapple able)	ين
4. JAN	UARY 11 2018  (Dare from Limit and Indiana in Plant in Prince in Plant in Prince in Plant in Prince in Plant in	er regnetation () ment (s mile) habit to )		18 INISIT
5	AMORE CIRCLE D BEHCH, FL 32174	(. (SAME	Add (****)	
<u> ORFREN</u>	32174 -32174			S CONTROL
7. Name and steet address	s of Florida registered agent: (P.O. Bo	ox <u>NU F</u> acceptable)		F. 1
Name	<u> Hannak</u> Di			
Office Address:	Harrah Bars S. NO York Urane	10 KC00		
	HOIT OFEICE	(, Florida	2.177	
designated in this applicate to comply with the provision and accept the obligations  8. The name, title or capa Fitte or Capacity:	eistered agent and to accept service of tion, I hereby accept the appointment ons of all statutes relative to the prope of my position as registered agent.  (Registered agent and address of the person(s) who is Name and Address:  [Ref. 137 DEC. 141-15-1474]	as registered agent and agree to er and complete performance of i	act in this capacity. I further agree my duties, and I am familiae with	
	LEN 437 DEVE ER-lythTEITE			
MANAZ	ER - WHITE IT	9LL, NY		
(Use attachments if necess		12.887		
	of existence, no more than 90 days old of which it is organized. (If the certific ibmitted)			
10. This document is execusabilitied in a document to	ated in sycordance with section 605 020 the Department of State constitutes of	03 (1) fin. Florida Statutes. I am a sprovided for the statute of	oware that any false information r in s.817.155, E.S	
		dJ.HUEN	1	

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

I hereby certify, that LAVENLAIR FARM LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/18/2014, and that the Limited Liability Company is existing so far as shown by the records of the Department.

DIVISION OF CONSTITUTE OF CONS

WITNESS my band and the official seal of the Department of State at the City of Albany, this 02nd day of January two thousand and eighteen.

Brendan W. Fitzgerald
Executive Deputy Secretary of State

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