# W18000011P1

| (Re                     | equestor's Name)   |             |
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| (Ad                     | ldress)            |             |
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S. WARREN FEB 1 5 2018

#### COVER LETTER

| TO: `  | Registration Section Division of Corporation   | <b>s</b>  |                                    |   |  |  |
|--------|--|---|------------------------------------|---|--|--|
| SUBJE  | Sauder Farms, LLC  |   |                                    |   | •  |  |
| 30001  | ECT:   |   | limited Liability C                | Jompany   |  |  |
|        |  |   |                                    |   | usact Business in Florida," Company to transact busine                           |  |
| Please | return all correspondence c  | oncerning this matter to the                              | following:                         |   |  |  |
|        | Gary N. Strohau  | ier   |                                    |   |  |  |
|        |  | Na  | une of Person                      |   |  |  |
|        | Strohauer & M:   | nnion, P.A.   |                                    |   |  |  |
|        | <del></del> .  | Fi  | rm/Company                         |   | <del></del>  |  |
|        | 1150 Cleveland   | Street, Suite 300   |                                    |   |  |  |
|        | <del></del>  |   | Address                            |   |  |  |
|        | Clearwater, FL   | 33755   |                                    |   |  |  |
|        |  | City/S  | tate and Zip Code                  | <del></del>                                     |  |  |
|        | gary@smslaw.ne   | ι   |                                    |   |  |  |
|        |  | E-mail address: (to be used                               | l for future annual                | report not                                      | ification)   |  |
| For fu | rther information concerning   | g this matter, please call:                               |                                    |   |  |  |
|        | Gary N. Strohauer  |   | 727<br>_ at (                      | 461-61  |  |  |
|        | Name o   | f Contact Person  | Area Code                          | Day   | time Telephone Number  |  |
|        | MAILING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |   |                                    | Division<br>Registrati<br>Clifton B<br>2661 Exc | ADDRESS: of Corporations ion Section uilding scutive Center Circle ace, FL 32301 |  |
| Enclos | sed is a check for the follow \$125.00 Filing Fee  | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filir<br>Certified Copy | ng Fee &  | ☐ \$160.00 Filing Fee, Cer<br>of Status & Certified Copy                         |  |

• •

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| name unavailable, enter alternate n  | ame adopted for the purpose of transacting business in Flor  | ida. The alternate name must include "Limited I   | Liability Company ""L.1, C," or "LLC ")   |
|--|--|---|---|
| lowa   |  | 3. 82-2827543   |   |
|  | nich foreign limited liability company is organized)   |   | imber, if applicable)   |
| 2/6/2018   |  |   |   |
|  | (Date first transacted business in I londa, if prior to i<br>(See sections 605 0904 & 605,0905, F.S. to determine  | egistration)<br>ne penalty hability)  | <del></del>   |
| 184 Brigton Court  |  | 6. 184 Brigton Court  |   |
| 184 Brigton Court (Street Address of I   |  | (Mailing A  |   |
| Safety Harbor, FL 346  | 95   | Safety Harbor, FL 34695   | <u> </u>  |
|  |  |   |   |
|  |  |   |   |
| Name and street address  | ss of Florida registered agent: (P.O. Box  | NOT acceptable)   | SE SE   |
| Name:  | Gary N. Strohauer  |   |   |
| 2 S 277  | 1150 Cleveland Street, Suite 300   |   |   |
| Office Address:  | 1130 CICIO   | <del></del>   | 1: 15<br>STATE<br>FLORIDI   |
|  | Clearwater   | , Florida <u>33755</u>  | \$\frac{1}{2}\tilde{\sigma}_{\sigma           |
|  | (City)   | (XIP c  | code)   |
| laving been named as re<br>esignated in this applica<br>comply with the provis   | •  | s registered agent and agree to a   | ect in this capacity. I further a   |
| esignated in this applica<br>comply with the provis  | stance:<br>egistered agent and to accept service of p<br>tion, I hereby accept the appointment a<br>ions of all statutes relative to the proper  | s registered agent and agree to a<br>and complete performance of m  | ect in this capacity. I further a   |
| laving been named as re<br>esignated in this applica<br>o comply with the provis<br>nd accept the obligation   | otance: egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's  | s registered agent and agree to a and complete performance of m   | ect in this capacity. I further only duties, and I am familiar w.   |
| laving been named as re<br>esignated in this applica<br>o comply with the provis<br>nd accept the obligation   | stance: egistered agent and to accept service of pation, I hereby accept the appointment asions of all statutes relative to the proper is of my position as registered agent.  | s registered agent and agree to a and complete performance of m   | ect in this capacity. I further only duties, and I am familiar w.   |
| laving been named as re<br>esignated in this applica<br>o comply with the provis<br>and accept the obligation<br>3. The name, title or cap   | otance: egistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's active and address of the person(s) who have   | s registered agent and agree to a and complete performance of m  organisme)  is/have authority to manage is/ate                     | ect in this capacity. I further only duties, and I am familiar with the second |
| Taving been named as reesignated in this applicate comply with the provising accept the obligation.  The name, title or capacity:  | otance:  orgistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's accity and address of the person(s) who has Name and Address:  Lisa K. Sauder  184 Brigton Court   | s registered agent and agree to a and complete performance of m  organisme)  is/have authority to manage is/ate                     | ect in this capacity. I further only duties, and I am familiar with the second |
| laving been named as revisionated in this applicate comply with the provisional accept the obligation.  The name, title or capacity:   | otance:  orgistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's active and address of the person(s) who have and Address:  Lisa K. Sauder  | s registered agent and agree to a and complete performance of m  organisme)  is/have authority to manage is/ate                     | ect in this capacity. I further only duties, and I am familiar with the second |
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| aving been named as resignated in this applicate comply with the provisind accept the obligation.  The name, title or cap.  Title or Capacity:  Manager  | otance:  orgistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's active and address of the person(s) who has Name and Address:  Lisa K. Sauder  184 Brigton Court Safety Harbor, FL 34695   | s registered agent and agree to a and complete performance of m  organisme)  is/have authority to manage is/ate                     | ect in this capacity. I further only duties, and I am familiar with the second |
| Javing been named as reesignated in this applicate comply with the provising accept the obligation.  The name, title or caparity:  Manager  Use attachments if neces   | otance:  orgistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper as of my position as registered agent.  (Registered agent's active and address of the person(s) who has Name and Address:  Lisa K. Sauder  184 Brigton Court Safety Harbor, FL 34695   | s registered agent and agree to a and complete performance of m  Sognature)  Is/have authority to manage is/ate  Title or Capacity: | Name and Address:   |
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| Javing been named as resignated in this applicate comply with the provisional accept the obligation.  The name, title or caparate or Capacity:  Manager  Use attachments if necessarisdiction under the law of the translator must be so. This document is executed.   | otance:  orgistered agent and to accept service of pation, I hereby accept the appointment actions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's decity and address of the person(s) who has a Name and Address:  Lisa K. Sauder  184 Brigton Court  Safety Harbor, FL 34695  | duly authenticated by the official e is in a foreign language, a trans  | having custody of records in talation of the certificate under of ware that any false information   |
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Typed or printed name of signee

## IOWA SECRETARY OF STATE PAUL D. PATE



### CERTIFICATE OF EXISTENCE

Date: 2/5/2018

Name: SAUDER FARMS, LLC (489DLC - 552400)

Date of Incorporation: 8/22/2017

**Duration: PERPETUAL** 

- I. Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
  - a. The entity is in existence and duly incorporated under the laws of lowa.
  - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
  - c. The most recent biennial report required has been filed with the Secretary of State.
  - d. The Secretary of State has not administratively dissolved the limited liability company.
  - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS145059

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State