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(Re	questor's Name)	
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## COVER LETTER

TO: Registration Section

		Name of L	imited Liability (	Company	
closed "/ ice, and i	Application by Fore theck are submitted	rign Limited Liability Compa I to register the above referen	any for Authorizz need foreign limi	tion to Trar ted liability	isact Business in Florida," Certifica company to transact business in Fl
return al	l correspondence c	oncerning this matter to the f	ollowing:		
	Richard A. Latt	a, Esq.			
	<del></del>	Nn	me of Person		
	Stafford Rosent	oaum LLP			
		Fir	m/Company		
	222 West Wash	ington Avenue, Suite 900, P	.O. Box 1784		
			Address		<del></del>
	Madison, WI S	3701-1784			
		City/St	ate and Zip Code		
	rlatta@staffordla				
		E-mail address: (to be used	for future annua	! report not	(fication)
rther info	ormation concernin	g this matter, please call:			
Rich	ard A. Latta		608 at (	259-26-	18
	Name o	of Contact Person	Area Code	Day	time Telephone Number
Divis	LING ADDRESS: ion of Corporations			Division	ADDRESS: of Corporations
	tration Section Box 6327			Clifton B	
-	hassee, FL 32314				cutive Center Circle see, FL 32301
	check for the follow	ring amount:			S160.00 Filing Fee, Certificat
sed is a c	THECK IN THE TONO	S130.00 Filing Fee &	■ \$155.00 Fil		

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

IN COMPLIANCE WITH SECTION (05.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ane mavalible, enter aberrate n	aric adopted for the purpose of transacting business in Florida	The size	rante marrie masi (	nchide "Limited Liability (	Company, " "L. L.	C.T or "LLC	7)
Delaware			\$3-0611520				
(Jurisdiction under the law of wh	uch toreign limited liability company is organized)	<b>.</b> .		(FEI murder, if	applicable)		
	(Date first transacted business in Florida, if prior to reg (See sections 605 0504 & 605 0705, F.S. to determine	penaky li	ablity)		_		
2651 Kirking Court	fore actions on a contract of the contract of	6.			٠,		
(Street Address of	rincipal Office)	٥		(Mailing Address)			
Portage, WI 53901		-	<del></del>				هد م <sub>و</sub>
		_			<u> </u>	<u>;</u>	
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Name and street addres	ss of Florida registered agent: (P.O. Box.)	NOT a	cceptable)		****		i
	CT Corporation System				•.		; ;
Name:	CT Corporation System		<del></del>		α,	ထဲ	-
Office Address:	1200 South Pine Island Road, Ste. 250				21.	0	
					. —		
	Plantation		C1	:4. 33324			
aving been named as resignated in this applica- comply with the provis	egistered agent and to accept service of pi tion, I hereby accept the appointment as ions of all statutes relative to the proper (	revisie	for the above red avent at	ul agree to act in s	тиз сарасиј	. i juri	uer agr
isignated in this application comply with the provis	(Cisy) oftunce: egistered agent and to accept service of pr ution, I hereby accept the appointment as ions of all statutes relative to the proper o us of my position as registered agent,	registe and coi	for the above red agent ai inplete perfo	e stated limited lia nd agree to act in imance of my dut	тиз сарасиј	. i juri	uer agr
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Chad A. Stevenson, President of FSI, Inc., Realty & Business Manager of

Page 1



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

DELAWARE, DO HEREBY CERTIFY "S & L PROPERTIES TAMPA CITRUS 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 TWENTIETH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

6876894 8300 SR# 20185263574 Authentication: 202921676

Date: 06-20-18