## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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(((H180002013543)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)230-3338 er : (954)208-0845 Phone Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*.

Email

Addross:

## Foreign Limited Liability Company UAP-Citrus Tampa, LLC

Certificate of Status	0
Certified Copy	
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

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

IN CO	' COMPLIANCE WITH SECT OMPAN' TO TRANSACT BUS	TON 605.0902, FLORIDA STATUTES, THE FO SINESS INTITIE STATE OF FLORIDA:	DILOWING IS SUBMITTED TO REGISTER A	FOREIGN UMITED LIABILITY
ι.	UAP-Citrus Tampa, LLC	C limited Liability Company; must include "Limited	Liability Company, "11, 1, C.," or "LLC.")	
<del>[1</del> [	name unavailable, enter alternate ann	no adopted for the purpose of transacting business in Flori	da. The alternate nume must include "Limited Limbility C	ompany "LLC," or LLC,"
	Delaware	ch foreign timited thability company is organized)	3. (FEI stanber, ITs	0.5
4.	·			
		(Date Urst transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	rgistration.) a penulty, bability)	
5.	4699 Jamborce Road (Street Address of Pri		6. 4699 Jamboree Road	
	Newport Beach, CA 920	-	(Haling Address) Newport Beach, CA 92660	75
				· · · · · · · · · · · · · · · · · · ·
				<b>*</b>
7.	Name and street address	of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)	
	Name:	C T Corporation System		
	Office Address:	1200 South Pine Island	Road	
	Office Address:			
		Plantation (Cliy)	, Florida 33324 (Zip code)	<del>-</del>
an	d accept the obligations	ns of all statutes relative to the proper of my position as resistance again.  (Registered against)	his asst one.	-
8.	The name, title or capac Title or Capacity:	ity and address of the person(s) who has Name and Address:		ime and Address:
	Manager	John E. Young		
		4599 Jamboree Road Newport Beach, CA 92660	=	
{U	se attachments if necessa		_	
juri of i 10.	isdiction under the law of the translator must be sub This document is execut	f existence, no more than 90 days old, di which it is organized. (If the certificate mitted) ed in accordance with section 605,0203 ( the Department of State constitutes a thire	is in a foreign language, a translation of (1) (b), Florida Statutes. I am aware that	the certificate under onth
	-	SHIIII	an authorized person	-
		Ψ		
	<u>1</u>	ohn E. Young, Manager	rinted serie of algree	-

# Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "UAP-CITRUS TAMPA, 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 FIFTH DAY OF JULY, A.D. 2018.

6963409 8300

SR# 20185519821

You may verify this certificate online at corp.delaware.gov/authvar\_shtml

Jeffrey W. Wattack, Socretary of State

Authentication: 203013446

Date: 07-05-18