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PICK-UP	☐ WAIT ☐ MAIL	-
3)	Business Entity Name)	_
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Certified Copies	Certificates of Status	
Special Instructions (to Filing Officer:	
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Office Use Only



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K. SALY



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 26, 2018

ALLEN H PEER JR 6353 SE CANTERBURY LANE STUART, FL 34997

SUBJECT: HIDDEN RIVER FARMS LLC

Ref. Number: W18000086376

We have received your document for HIDDEN RIVER FARMS 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L16000036505 "HIDDEN RIVER FARMS, LLC".

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: 718A00020144

www.sunbiz.org

Division of Compositions D.O. ROY 6227 Tallahassas Florida 22214



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2018

ALLEN H PEER JR 6353 SE CANTERBURY LANE STUART, FL 34997

SUBJECT: HIDDEN RIVER FARMS LLC

Ref. Number: W18000086376

We have received your document for HIDDEN RIVER FARMS 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):

You failed to make the correction(s) requested in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L16000036505 "HIDDEN RIVER FARMS, LLC".

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: 118A00021913

COVER LETTER

TO:

Registration Section

	n of Corporation dden River Farms					
SUBJECT:			imited Liability C	Jompany		
The enclosed "A Existence, and e	application by For heck are submitte	eign Limited Liability Comp d to register the above refere	any for Authoriza need foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida.
Please return all	correspondence c	oncerning this matter to the	following:			
	Allen H Peer Jr					
		Na	ame of Person	<u> </u>	 	
			rm/Company			
	6353 SE Canter		(iii) (sampan)			
	•		Address	-		
	Stuart, Florida ?	34997				
		City/Si	ate and Zip Code			
	ebeth@shentel.ne	rt .				
		E-mail address: (to be used	for future annual	report not	fication)	
For further infor	mation concerning	g this matter, please cull:				
Ebeth (540 _ at (481-015 _)		
	Name o	f Contact Person	Area Code	Dayı	ime Telephone Number	
Divisio Registr P.O. Bo	ING ADDRESS: in of Corporations ation Section ox 6327 issee, FL 32314			Division of Registrati Clifton Bo 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	eck for the follow 5.00 Filing Fee	ing amount; ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop	

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

) Virginia	name adopted for the purpose of transacting business	₂ 47-5605541	Children Children Co.	many, but to the t
	hich foreign limited hability company is organized)		(FEI number, if app	plicable)
ı. <u>n/a</u>				
	(Date first transacted business in Florida, if p (See sections 605.0904 & 605.0905, F.S. to t	rior to registration) letermine penalty liability)		
6353 SE Canterbury		6	(Mailing Address)	
(Street Address of Stuart, Floria 34997	rincipal Office)		(Maining Address)	00
				1 2 1
7. Name and street addre	ess of Florida registered agent: (P.O.	Box NOT acceptable)		至。
Name:	Allen H. Peer Jr			Ç
Office Address:	6353 SE Canterbury Lane			(A)
	Stuart	Florid	a 34997	77
Registered agent's acce	(City)		(Zip code)	•
lesignated in this applic o comply with the provis	egistered agent and to accept service ation, I hereby accept the appointme sions of all statutes relative to the properties of my position as registered agent	ent as registered agent and oper and complete perforn	agree to act in this	s capacity. I further agre
designated in this applic to comply with the provisund accept the obligation 8. The name, title or cap	ation, I hereby accept the appointmentations of all statutes relative to the properties of my position as registered agents (Registered a accity and address of the person(s) where the state of the person(s) where the state of the person(s) where the state of the person is the state of the person in the state of the person is the state of the person in the state of the state of the person in the s	ent as registered agent and oper and complete perform gent's signature) no has/have authority to ma	agree to act in this nance of my duties n nage is/are:	s capacity. I further agre , and I am familiar with
designated in this applic to comply with the provisual accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ation, I hereby accept the appointmentions of all statutes relative to the properties of my position as registered agents (Registered a dacity and address of the person(s) when we will be a second address of the person (s) when we will be a second address of th	ent as registered agent and oper and complete perform gent's signature) no has/have authority to ma <u>Title or Capacit</u>	agree to act in this nance of my duties nage is/are: Na	s capacity. I further agre , and I am familiar with me and Address:
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designated in this applic to comply with the provisind accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	nation, I hereby accept the appointmentsions of all statutes relative to the properties of my position as registered agents (Registered a dacity and address of the person(s) where we have a daddress: Allen H. Peer Jr 6353 SE Canterbury Lane	ent as registered agent and oper and complete perform gent's signature) ho has/have authority to ma Title or Capacit Managing Memb	nage is/are: Y: Na Eb 63	s capacity. I further agre, and I am familiar with me and Address: eth O. Peer 53 SE Canterbury Lane
designated in this applicate comply with the provisumd accept the obligation 8. The name, title or capacity: Managing Member	nation, I hereby accept the appointment sions of all statutes relative to the property of the property of the property of the property of the presence of the person of th	ent as registered agent and oper and complete perform gent's signature) ho has/have authority to ma Title or Capacit Managing Memb	nage is/are: Y: Na Eb 63	s capacity. I further agre, and I am familiar with me and Address: eth O. Peer 53 SE Canterbury Lane
designated in this applicate comply with the provisumd accept the obligation 8. The name, title or capacity: Managing Member (Use attachments if neces or a certificat urisdiction under the laws)	Allen H. Peer Jr 6353 SE Canterbury Lane Stuart, Florida 34997 e of existence, no more than 90 days of which it is organized. (If the certifications of all statutes relative to the proint the prison of the prison of the person of the pers	gent as registered agent and oper and complete perform gent's signature) no has/have authority to ma Title or Capacity Managing Memb	nage is/are: Y: Na Der Eb 63 Stu	me and Address: eth O. Peer 53 SE Canterbury Lane uart, Florida 34997
designated in this application comply with the provisuand accept the obligation 8. The name, title or caparity: Managing Member (Use attachments if neces). Attached is a certificat urisdiction under the law of the translator must be seen according to the complex of the complex of the translator must be seen according to the complex of the complex	Allen H. Peer Jr 6353 SE Canterbury Lane Stuart, Florida 34997 e of existence, no more than 90 days of which it is organized. (If the certifications of all statutes relative to the proint the prison of the prison of the person of the pers	gent's signature) to has/have authority to ma Title or Capacity Managing Memb	nage is/are: Y: Na Ber Eb 63 Su The official having of ge, a translation of	me and Address: eth O. Peer 53 SE Canterbury Lane uart, Florida 34997

Allen H. Peer Jr

Typed or printed name of signee

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Hidden River Farms LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is October 17, 2016; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: September 19, 2018

Clerk of the Commission

ISECOM ocument Control Number: 1809195582