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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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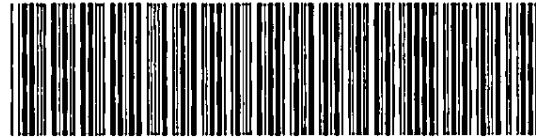
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M sellers



2323 Grand Boulevard, Suite 1000
Kansas City, Missouri 64108
816.421.4460 F: 816.474.3447
www.sb-kc.com

Tracy A. Tankard
Paralegal
816.265.4123
ttankard@sb-kc.com

January 17, 2019

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida – 30AFarms, LLC

Dear Sir/Madam:

Please find enclosed for filing an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for 30AFarms, LLC, as well as our firm check in the amount of \$125.00 for the filing fee. Also enclosed is a Certificate of Good Standing from the entity's home state of Kansas. Upon processing, please return a file stamped copy of the filing to my attention in the self-addressed, stamped envelope provided.

Thank you for your attention to this matter. Please contact me if you have any questions.

Sincerely,

SEIGFREID BINGHAM, P.C.

By Tracy A. Tankard
Tracy A. Tankard
Paralegal

TAT
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 30AFarms, LLC

Name of Limited Liability Company

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:

Karla Kerschen Shepard

Name of Person

Seigfreid Bingham, P.C.

Firm/Company

2323 Grand Blvd, Suite 1000

Address

Kansas City, MO 64108

City/State and Zip Code

karlas@sb-kc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karla Kerschen Shepard 816 421-4460

Name of Contact Person at () Daytime Telephone Number
Area Code

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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 LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 30A Farms, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Kansas
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 6222 Glenfield Drive
(Street Address of Principal Office)

6. 6222 Glenfield Drive
(Mailing Address)

Fairway, KS 66202

Fairway, KS 66202

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

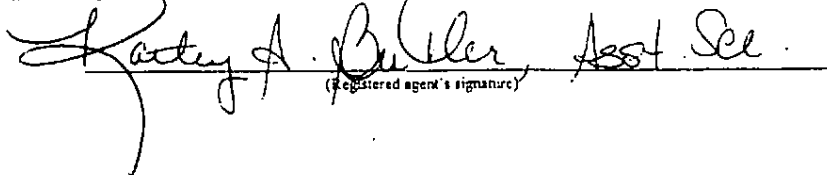
Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☐ Manager Name: Carrie L. Condon Revocable Tr

☒ Member Address: 6222 Glenfield Drive

☐ Authorized Fairway, KS 66205

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Mathew J. Condon

☐ Member Address: 6222 Glenfield Drive

☐ Authorized Fairway, KS 66205

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Carrie L. Condon

☐ Member Address: 6222 Glenfield Drive

☐ Authorized Fairway, KS 66205

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Karla Kerschen Shepard

Typed or printed name of signee

**STATE OF KANSAS
OFFICE OF
SECRETARY OF STATE
SCOTT SCHWAB**

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 9277369

Entity Name: 30AFARMS, LLC

Entity Type: KANSAS LTD LIABILITY COMPANY

State of Organization: KS

Resident Agent: SBLSG REGISTERED AGENT, LLC

Registered Office: 5401 College Blvd. Suite 106, LEAWOOD, KS 66211

was filed in this office on January 15, 2019, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.



In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of January 17, 2019

**SCOTT SCHWAB
SECRETARY OF STATE**

Certificate ID: 1090832 - To verify the validity of this certificate please visit <https://www.kansas.gov/bess/flow/validate> and enter the certificate ID number.