

W19000007397

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

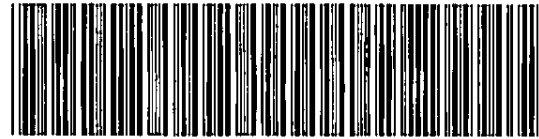
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

2nd Report
W190000063227

cap.
W19000003337

Office Use Only



700329399967

05/22/19--01003--024 **76.75

07/31/19--01004--001 **51.25

FILED
2019 JUL 26 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y SCOTT

AUG 1 2019





FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 10, 2019

LEONARD SONNENSCHNEIN
9858 CLINT MOORE RD.
STE:C1111-177
BOCA RATON, FL 33496

SUBJECT: SALVATION FARMING SOLUTIONS, LLC
Ref. Number: W19000063227

We have received your document for SALVATION FARMING SOLUTIONS, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN PROFIT CORPORATION, but your entity is a FOREIGN PROFIT LLC. Please complete and return the enclosed blank form(s).

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.

Yvette Scott
Document Specialist II

Letter Number: 619A00013940

*Must
get
Certified
of Good
Standing*

RECEIVED
JUL 26 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2019

LEONARD SONNENSCHN
9858 CLINT MOORE RD, STE C111-177
BOCA RATON, FL 33496

SUBJECT: SALVATION FARMING SOLUTIONS, LLC
Ref. Number: W19000053737

We have received your document for SALVATION FARMING SOLUTIONS, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 319A00011184

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALVATION FARMING SOLUTIONS, 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:

LEONARD SONNENSCHN
Name of Person

SALVATION FARMING SOLUTIONS, LLC
Firm/Company

9858 CLINT MOORE RD, STE C101-177
Address

BOCA RATON, FL 33498
City/State and Zip Code

LSAQUAMAN@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARD SONNENSCHN at (314) 609-2798
Name of Contact Person Area Code Daytime Telephone Number

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

130.00
- 78.75 - previously sent check
51.25 check enclosed

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TALLAHASSEE, FLORIDA

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:

SALVATION FARMING SOLUTIONS, LLC

1. _____
(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. MISSOURI
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 26-3933546
(FEI number, if applicable)

4. Not APPLICABLE
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 9858 CLINT MOORE RD
(Street Address of Principal Office)

6. 9858 CLINT MOORE RD.
(Mailing Address)

STE C III-177

STE C III-177

BOCA RATON, FL 33496

BOCA RATON, FL 33496

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

Name: LEONARD SONNENSCHN

Office Address: 9858 CLINT MOORE RD, STE C III-177

BOCA RATON

, Florida

33496

(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.

Leonard Sonnenschein

(Registered agent's signature)

LEONARD SONNENSCHN

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TALLAHASSEE, FLORIDA

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>LUCKY LEONG, CPA</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>4126 CRESCENT DR.</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>BY APPOINTMENT</u>	<input type="checkbox"/> Authorized	_____
Person	<u>ST. LOUIS, MO 63129</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input checked="" type="checkbox"/> Manager	Name: <u>LEONARD SONNENSCHEN</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>9858 CLINT MOORE RD</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>STE C111-177</u>	<input type="checkbox"/> Authorized	_____
Person	<u>BOCA RATON, FL 33496</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

LEONARD SONNENSCHEN

Typed or printed name of signee

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2019 JUL 26 AM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Salvation Farming Solutions, LLC
LC0937673

was created under the laws of this State on the 28th day of December, 2008, and is active, having fully complied with all requirements of this office.

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2019 JUL 25 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 22nd day of July, 2019.


Secretary of State

