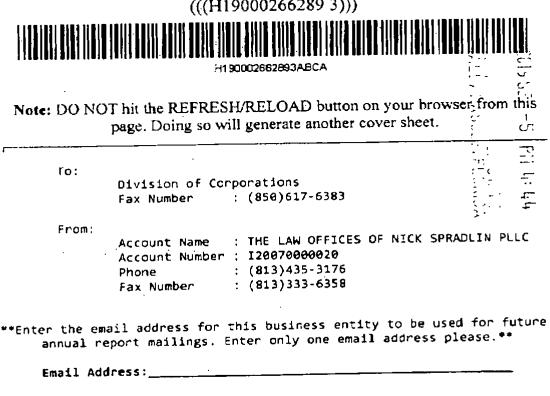
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000266289 3)))



Foreign Limited Liability Company Wild Meadow Farms, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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

IN COMPLIANCE WITH SECTION 605 000, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

e anavailable cuter alternate re	one adopted for the purpose of transacting business in Flori	de. The alternate na	une must includ	c "Lamited	Liability Com	pari), "L L	.c," or "LLC
NNSYLVANIA	·				7 (<u>ا</u> ا	
MAZILVANIA	uch sweign limited hibility company is organized)	3		(मिरा क	umber, if app	icatale)	
unitalistion under the law of wi	tich fineign bruted hability company is organized)				-	-10	
	•				(j	တ်	
	One for required business in Florais, if origin to 0	en seration)				-70	1
	(Date first transacted business in Florida, if prior to n (See sections 605,0904 & 605,0905, F.S. to determine	e penalty liability)			733	<u> </u>	•
80 Enterprise Ct			Enterprise (Ct	[];		
(Street Address of	Principal Office)	6	<u> </u>	(Mailing :	ddress)-	- # <u>-</u>	
,	·					-	
		Unite	CEB		2.		
oits C & B		Units (C & B				
nits C & B							
nits C & B okomis, FL 34275 Jame and street addre	ss of Florida registered agent: (P.O. Box	Nakor	mis, FL 34	275			
okomis, FL 34275	<u>·</u>	Nakor	mis, FL 34	275			
okomis, FL 34275 ame and <u>street addre</u>	See of Florida registered agent: (P.O. Box Justin P Anderson	Nakor	mis, FL 34	275			
okomis, FL 34275 ame and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	Nakor	mis, FL 34	275			
okomis, FL 34275 iame and street addre	Justin P Anderson 1080 Enterprise Ct Units C & B	Nokor NOT accepta	mis, FL 347	34775			
okomis, FL 34275 ame and street addre	See of Florida registered agent: (P.O. Box Justin P Anderson	Nokor NOT accepta	mis, FL 34	34775	ende)		

H19000266289 3

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

Fitle or Capacity:	Name and Address:	Title or Capacity;	Name and Address:
Manager	Name:		Name:
Member	Address:	Member	Address: 1080 Enterprise Ct
Authorized	Units C & H	Authorized	Units C & B
Person	Nokomis, FL 34275	Person	Nokomis, FL 34275-
Odier	Other	Other	Other
]Managér	Name:	Manager	Name: Deborah C Anderson
Member	Address:	☐ Member	Address: 1080 Enterprise Ct Units C & B
Authorized	Units C & B	- Authorized	Units C & B 55. F
Person	Nokomis, FL 34275	Person	Nokomis, FL 34275
Other	Other	Other	Other
∐Manager	Name:		Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	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.

0.1/1		
7//	Signature of an authorized person	
Justin P Anderson		
	Typed or printed name of signer	

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

08/28/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Wild Meadow Farms, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

1 DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

1.

Acting Secretary of the Commonwealth

Certification Number: TSC190828161704-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify