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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 070728 7765588

AUTHORIZATION : Open Clare

COST LIMIT : \$ 125.00

ORDER DATE: December 2, 2019

ORDER TIME : 12:06 PM

ORDER NO. : 070728-010

CUSTOMER NO: 7765588

FOREIGN FILINGS

NAME: KADLEY FARMS LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Kadley Farms LLC					
C. C. 1917		Name of Lir	nited Liability	Company	-	
				ation to Transact Business in Florida. ited liability company to transact busi		
Please	return all correspondence concerni	ng this matter to the fol	llowing:			
		Robert	Gierkink			
	-	Nam	e of Person		_	
	Kadley Holdings, ŁLC					
		Firm/Company				
	2361 Appaloosa Trail Road					
	Address					
	Wellington, FL USA 33414					
	City/State and Zip Code					
		-	k@kadley.con		2919 ET 3	
		l address: (to be used fo	or future annua	l report notification)		
For fu	ther information concerning this m	atter, please call:			ည် : <u>;</u> ;	
	Robert Gierkink	•	561 at (214-5424	-4 -2 -2	
	Name of Contac		Area Code	Daytime Telephone Number	80 :01 27	
	MAILING ADDRESS:			STREET ADDRESS:	ထိ	
	Division of Corporations			Division of Corporations		
	Registration Section P.O. Box 6327			Registration Section Clifton Building		
	Tallahassee, FL 32314			2661 Executive Center Circle Tallahassee, FL 32301		
	Enclosed is a check for the follow Please make check payable to: F	LORIDA DEPARTM	_			
	S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & U \$160.00 Filing ied Copy of Status & Cer	Fee, Certificate rtified 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:

f name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	orida The a	ternate name must inc	lude "Limited Liability Company	""L L C," or "Ll C	,
DE 		3				
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)	57.		(FEI number, if applicabl	(c)	
·						
	(Date first transacted business in Florida, if prior to (See sections 605-0904 & 605-0905, F.S. to determ	ine penalty) liability)			
2361 Appaloosa Tra		236		61 Appaloosa Trail Road		
(Street Address of I	ruscipal Office)	υ		(Mailing Address)		
Wellington, FL USA	33414		Wellington, F	L USA 33414		
Name and street addres	s of Florida registered agent: (P.O. Box	C <u>NOT</u>	icceptable)		. 3.20 6197	-
Name:	Corporation Service Company				ن ن	,
Office Address:	1201 Hays Street				¥10: 08	
	Tallahassee		. Florida	32301	C.)	
	(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.

Corporation Service Company
By:

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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:	Title or Capacity:	Name and Address:
Manager	Name: Robert Gierkink	Manager	Name: Tia Gierkink
Member	Address:	■ Member	Address:
Authorized	2361 APPALOOSA TRL	Authorized	2361 APPALOOSA TRL
Person	WELLINGTON, Florida USA 33414	Person	WELLINGTON, Florida USA 33414
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other_
□Manager	Name:	Manager	Name: 174 175 175 175 175 175 175 175 175 175 175
□Member	Address:	Member	Address:
Authorized		☐ Authorized	
Person		Person	
Other	Other	Other	Other

<u>Important Notice:</u> 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.

Port Aus	\mathcal{Q}
——————————————————————————————————————	Signature of an authorized person
Robert Gierkink	***
	Exped or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "KADLEY FARMS 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 THIRD DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "KADLEY FARMS LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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Authentication: 204119622

Date: 12-03-19