

N200000006695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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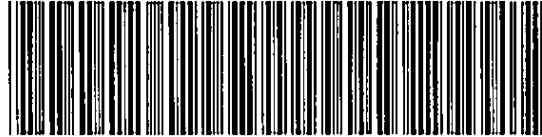
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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WARD AND SMITH, P.A.

SUSAN B. EZELL

1001 College Court (28562)
Post Office Box 867
New Bern, NC 28563-0867

P: 252.672.5526
F: 252.672.5477
sbe@wardandsmith.com

July 14, 2020

Registration Section
Division of Corporations
Florida Department of State
Post Office Box 6327
Tallahassee, FL 32314

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2020 JUL 21 PM 3:25
TALLAHASSEE, FLORIDA

RE: Central Florida Ag Processors, LLC
Our File 000458-00226

Dear Sir/Madam:

Enclosed is a cover letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, as well as the Certificate of Existence from the North Carolina Secretary of State, for Central Florida Ag Processors, LLC, and our check in the amount of \$130.00 in payment of the filing fee and Certificate of Status fee.

Please file the enclosed documents with your office and return the Certificate of Status to Bahia T. Davis at the email address on the cover letter. If you are not able to return the Certificate of Status by email, please mail it to the address on the cover letter.

If you need anything further, please let me know. Thank you for your attention to this matter.

Yours truly,

Susan B. Ezell
North Carolina State Bar Certified Paralegal

ND: 4853-2573-7411, v. 1
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Central Florida Ag Processors, 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:

Bahia T. Davis

Name of Person

Ward and Smith, P.A.

Firm/Company

PO Box 8088

Address

Greenville, NC 27835-8088

City/State and Zip Code

btd@wardandsmith.com

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

For further information concerning this matter, please call:

Bahia T. Davis

at (252)

215-4059

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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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:

1. Central Florida Ag Processors, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

North Florida Ag Processors, 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. North Carolina
(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 & 605.0905, F.S. to determine penalty liability)

5. 413 Main Street
(Street Address of Principal Office)

Severn, NC 27877

6. 413 Main Street
(Mailing Address)

Severn, NC 27877

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TALLAHASSEE

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

Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

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.

Jose Gomez Assistant Secretary
(Registered agent's signature)

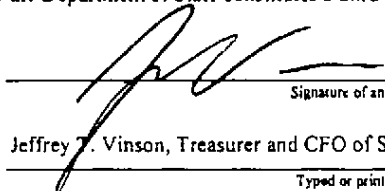
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Severn Peanut Company, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>John T. Gray, III</u>
<input checked="" type="checkbox"/> Member	Address: <u>413 Main Street</u>	<input checked="" type="checkbox"/> Member	Address: <u>8400 SW 35th Avenue</u>
<input type="checkbox"/> Authorized	<u>Severn, NC 27877</u>	<input type="checkbox"/> Authorized	<u>Trenton FL 32693</u>
Person	_____	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 _____
<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
 Jeffrey T. Vinson, Treasurer and CFO of Severn Peanut Company, Inc., Manage

 Typed or printed name of signer



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

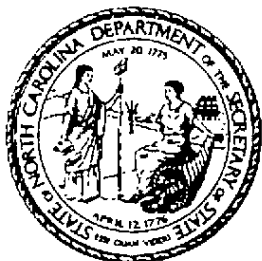
I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

CENTRAL FLORIDA AG PROCESSORS, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 9th day of July, 2020

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

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TALLAHASSEE
STATE OF FLORIDA



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set
my hand and affixed my official seal at the City
of Raleigh, this 14th day of July, 2020.

Elaine F. Marshall

Secretary of State