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Division of Corp	porations			
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	: REGISTERED AGENTS INC.			
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:2 Nd	Foreign Limited Liab	oility Company	1 2 85 C	
က က	Barrera Far	ms LLC		
2020 SEF	Certificate of Status	0		
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7	Page Count	04		
	Estimated Charge	\$125.00		

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

Machingto			ability Company," "L.L.C," or
Washington		3. 84-4188051 (FEI number, (Papplicable)	
urisdiction under the law of w	nich foreign limited hability company is organized)	(Ft:1 num	iber, if applicable)
	(Date first transacted business in Flenda, if prior to recesses sections 605 0904 & 605,0905, F.S. to determine		
3451 Lila Dr		<sub>6.</sub> 3451 Lila Di	
(Street Address of I	Principal Office)	(Mailing Ad	dress)
Orlando Ele	orida 33806	Orlando Flor	ida: 32 <b>B</b> 06
Jilaliuu Fi		Onarido 1 for	32000
lame and street addres	ss of Florida registered agent: (P.O. Box.)	NOT acceptable)	لرب المسابق
Name:	Registered Agents	s Inc.	
, varie.	7901 4th St N STE	300	វ័ា
Office Address:	7301 4111 31 14 31 1		
Office Address.			``
Crime reduces.	St. Petersburg	Florida 3370	12

(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: Name and Address: Title or Capacity: Name: Ronald Stearns Manager Manager Name: \_\_\_\_\_ Manager Address: 3451 Lila Dr Member Address: Member Orlando, FL 32806 Authorized Authorized Person Person Other\_\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ Manager Manager Member Address: Member Address: \_\_\_\_\_\_ Authorized Authorized Person Person Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_\_\_\_ Name: Manager Manager Name: 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. Nonindexed 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. Riley Park

Typed or printed name of signee





I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

OF

## BARRERA FARMS LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 01/13/2020.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 09/02/2020 UBI Number: 604 568 137



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Kin Ulgra

Date Issued: 09/02/2020