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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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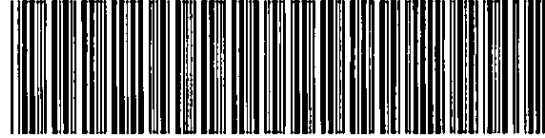
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Global Irrigation 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:

Jeremy M Mansell

Name of Person

Global Irrigation Solutions, LLC.

Firm/Company

11664 West Emmer Drive

Address

Marana, Arizona 85653

City/State and Zip Code

jeremy@globalirrigationsolutions.com

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

For further information concerning this matter, please call:

Jeremy M Mansell

850

867-7654

at ()

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

2025-19-11-09-07

**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. Global Irrigation Solutions, LLC.
(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. State of Missouri 3. 84-3902908
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1 May 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5801 Redtail Court 6. _____
(Street Address of Principal Office) (Mailing Address)

Lohman, MO 65053

7. Name and street address of Florida registered agent: (P.O. Box NQT acceptable)

Name: Robert Plunkett

Office Address: 8419 Southwest Citrus Blvd

Palm City, Florida 34990-5825
(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.


(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:**

☐ Manager Name: Jeremy M Mansell

☐ Member Address: 11664 W Emmer Drive

☐ Authorized Marana, AZ 85653

Person _____

☒ Other Owner ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Thomas Horn

☐ Member Address: 5801 Redtail Court

☐ Authorized Lohman, MO 65053

Person _____

☒ Other Owner ☐ Other _____

☐ Manager Name: Craig Otto

☐ Member Address: 20212 170th St NW

☐ Authorized Big Lake, MN 55309

Person _____

☒ Other Owner ☐ Other _____

☒ Manager Name: Scott King

☐ Member Address: 987 Cadys Falls Road

☐ Authorized Morrisville, VT 05661

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

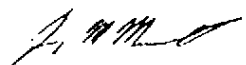
Person _____

☐ 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.



Signature of an authorized person

Jeremy M Mansell

Typed or printed name of signee

STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CORPORATION DIVISION CERTIFICATE OF CORPORATE RECORDS

Global Irrigation Solutions, LLC

LC001678363

I, John R. Ashcroft, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

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, the 08/05/2020


Secretary of State

Certification Number: CERT-IN13511



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State of Missouri

John R. Ashcroft, Secretary of State

Corporations Division
PO Box 778 / 600 W. Main St., Rm. 322
Jefferson City, MO 65102

LC001678363
Date Filed: 11/27/2019
John R. Ashcroft
Missouri Secretary of State

Articles of Organization

(Submit with filing fee of \$105.00)

1. The name of the limited liability company is

Global Irrigation Solutions, LLC

(Must include "Limited Liability Company," "Limited Company," "L.C.," "L.C.," "L.L.C.," or "LLC")

2. The purpose(s) for which the limited liability company is organized:

Any lawful purpose for which a limited liability company may be created under the laws of the State of Missouri.

3. The name and address of the limited liability company's registered agent in Missouri is:

Thomas L. Horn	5801 Redtail Court	Lohman MO 65053
Name	Street Address: May not use PO Box unless street address also provided	City/State/Zip

4. The management of the limited liability company is vested in: ☐ managers ☒ members (check one)

5. The events, if any, on which the limited liability company is to dissolve or the number of years the limited liability company is to continue, which may be any number or perpetual: Perpetual

(The answer to this question could cause possible tax consequences, you may wish to consult with your attorney or accountant)

6. The name(s) and street address(es) of each organizer (PO box may only be used in addition to a physical street address):

(Organizer(s) are not required to be member(s), manager(s) or owner(s))

Name	Address	City/State/Zip
Horn, Thomas L.	5801 Redtail Court	Lohman MO 65053
Otto, Craig	20212 170th Street NW	Big Lake MN 55309

7. ☐ Series LLC (OPTIONAL) Pursuant to Section 347.186, the limited liability company may establish a designated series in its operating agreement. The names of the series must include the full name of the limited liability company and are the following:

New Series:

☐ The limited liability company gives notice that the series has limited liability.

New Series:

☐ The limited liability company gives notice that the series has limited liability.

New Series:

☐ The limited liability company gives notice that the series has limited liability.

(Each separate series must also file an Attachment Form LLC 1A.)

Name and address to return filed document:

Name: Annette M Borghardt

Address: Email: borghardt@ncrpc.com

City, State, and Zip Code: _____

8. The effective date of this document is the date it is filed by the Secretary of State of Missouri unless a future date is otherwise indicated: _____

(Date may not be more than 90 days after the filing date in this office)

In Affirmation thereof, the facts stated above are true and correct:

(The undersigned understands that false statements made in this filing are subject to the penalties provided under Section 575.040, RSMo)

All organizers must sign:

Thomas L. Horn
Organizer Signature

THOMAS L. HORN
Printed Name

11/27/2019
Date of Signature

Craig Otto
Organizer Signature

CRAIG OTTO
Printed Name

11/27/2019
Date of Signature

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STATE OF MISSOURI



John R. Ashcroft
Secretary of State

CERTIFICATE OF ORGANIZATION

WHEREAS,

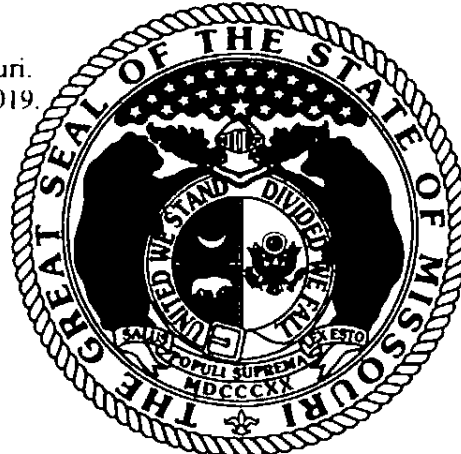
Global Irrigation Solutions, LLC
LC001678363

filed its Articles of Organization with this office on the 27th day of November, 2019, and that filing was found to conform to the Missouri Limited Liability Company Act.

NOW, THEREFORE, I, John R. Ashcroft, Secretary of State of the State of Missouri, do by virtue of the authority vested in me by law, do certify and declare that on the 27th day of November, 2019, the above entity is a Limited Liability Company, organized in this state and entitled to any rights granted to Limited Liability Companies.

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 27th day of November, 2019.


Secretary of State



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