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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
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COVER LETTER

Registration Section Division of Corporations

TO:

VERUS PRAEDIUM, LLC SUBJECT:		
	ne of Limited Liability Company	-
	Company for Authorization to Transact Business in Florida e referenced foreign limited liability company to transact bus	
Please return all correspondence concerning this matter	to the following:	
Richard A. Barber, CPA		
	Name of Person	-
Richard A. Barber, CPA PA		
	Firm/Company	-
803 Shallow Brook Ave		
	Address	-
Winter Springs, FI 32708		
	City/State and Zip Code	-
rabarber@att.net		
E-mail address: (to b	be used for future annual report notification)	-
For further information concerning this matter, please c	all:	
Richard A Barber	407 327-9935 at ()	763 (** 19
Name of Contact Person	Area Code Daytime Telephone Number	- (<u>-</u>
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$\begin{align*} \text{\$\text{\$\text{\$}}\$} \$\$125.00 Filing Fee \text{\$\text{\$\text{\$}}\$} \$	ce & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee	P:: 12: 00

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

IN COMPLANCE 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:

If name unavailable, enter alternate n	name adopted for the purpose of transacting business in Fl	orida 1 he	alternate name must include "Limited Liability	y Company," "L. L. C," or "L1 C	
Delaware 2.		3.	85-3334016 		
(Jurisdiction under the law of which foreign limited liability company is organized)			3. (FEI number, if applicable)		
No transactions prior to	o registration				
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determi	registration ine penalty	on) , liability)	_	
640 Garden Commerce Parkway 5. (Street Address of Principal Office)			640 Garden Commerce Parkwa	y	
Street Address of Principal Office)			(Mailing Address)		
Winter Garden, Fl 34787			Winter Garden, Fl 34787		
				2026 (
				- 1	
'. Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)	<u></u>	
Name:	Richard A. Barber			F1112: 08	
Office Address:	803 Shallow Brook Ave			80	
	Winter Springs		32708		

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:	Title or Capacity:	Name and Address:	
■Manager	Name: Kimberly D Mock	■Manager	Name: Ronald B. Mock	
□Member	Address:	□Member	Address:	
□Authorized	Oakland, Fl 34787	□Authorized	Oakland, FI 34787	
Person		Person		
□Other	Other	□Other	Other	
■Manager	Name: Scott T. Rombach	□Manager	Name:	
□Member	Address: PO Box 753	□Member	Address:	
□Authorized	Ruckersville, Va 22968	□Authorized		
Person		Person		
□Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	:-:	
Person		Person		
□Other	Other	Other	□Other N	
			0 5	

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

Richard A Barber

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "VERUS PRAEDIUM, 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 NINTH DAY OF SEPTEMBER, A.D. 2020.

40:21:19 PITE 06



Authentication: 203625839

Date: 09-09-20