

N 210000006045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

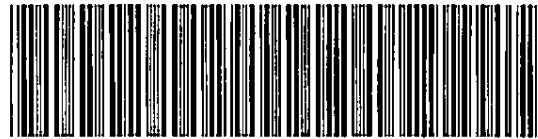
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Office Use Only



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04/06/21--01015--019 \*\*160.00

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2021 MAY 18 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

5/8/21

# BERG FAIRCLOTH

(ESTABLISHED 1963)

**MEMBER**  
Virginia Society  
Of Certified Public  
Accountants

REGISTERED INVESTMENT ADVISORS  
CERTIFIED PUBLIC ACCOUNTANTS  
PERSONAL FINANCIAL SPECIALISTS

**MEMBER**  
American Institute  
Of Certified Public  
Accountants Tax Division

Monday, May 10, 2021

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

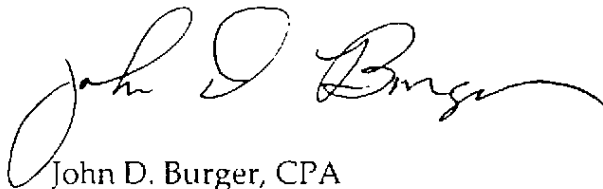
Dear Madam or Sir:

I am writing in response to Letter Number 721A00008722 from Yvette Scott, Document Specialist II, a copy of which is attached.

The name we have chosen for the purpose of transacting business in Florida is **Redfield Breeding & Sales, LLC**; it is written on the second line of the attached application. The fee has already been paid.

If you have any questions, please do not hesitate to contact me.

Respectfully,



John D. Burger, CPA

Enclosures

CC E. Spadone, file

FILED  
021 MAY 18 PM 3:10  
DIVISION OF STATE  
CORPORATIONS

RECEIVED  
MAY 17 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 27, 2021

JOHN BURGER  
44135 WOODRIDGE PKWY  
SUITE 200  
LEESBURG, VA 20176

SUBJECT: REDFIELD FARM, LLC  
Ref. Number: W21000057808

We have received your document for REDFIELD FARM, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P02000080902.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 721A00008722

RECEIVED  
MAY 17 2021

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Redfield Farm, 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:

John Burger

\_\_\_\_\_  
Name of Person

Berg Faircloth

\_\_\_\_\_  
Firm/Company

44135 Woodridge Pkwy, Suite 200

\_\_\_\_\_  
Address

Leesburg, VA 20176

\_\_\_\_\_  
City/State and Zip Code

jburger@b-f-c.com

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

2021 MAY 18 PM 3:10  
FILED  
CLERK OF STATE  
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

John Burger

703

883-1661

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_

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

**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. Redfield Farm, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")  
REDFIELD BREEDING & SALES, 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. New Jersey 3. 22-3630387  
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 237 Old Turnpike Road  
(Street Address of Principal Office)  
Califon, NJ 07830
6. c/o Berg Faircloth  
(Mailing Address)  
44135 Woodridge Pkwy, Suite 200  
Leesburg, VA 20176
- 2021 MAY 18 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Name: Alexandra Bell

Office Address: 3680 NW 115th Ave.

Ocala 34482  
\_\_\_\_\_, Florida \_\_\_\_\_  
(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.*

A. Bell  
(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: Emil Spadone, III

☒ Member                      Address: 5845 NW 115th Ave

☐ Authorized                      Ocala, FL 34482

                    Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

                    Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

                    Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

☐ Manager                      Name: John Burger

☐ Member                      Address: 44135 Woodridge Pkwy

☒ Authorized                      Suite 200

                    Person                      Leesburg, VA 20176

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

                    Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

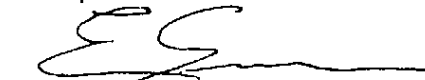
                    Person                      \_\_\_\_\_

☐ 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

Emil Spadone, III  
\_\_\_\_\_  
Typed or printed name of signee

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

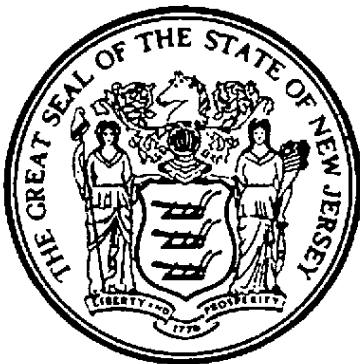
**REDFIELD FARM, LLC  
0600062245**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 20, 1999.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**EMIL J. SPADONE, III  
237 OLD TURNPIKE ROAD  
CALIFON, NJ 07830**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
23rd day of March, 2021*

**Elizabeth Maher Muoio  
State Treasurer**

**FILED**  
**2021 MAY 18 PM 3:10**  
**SECRETARY OF STATE**  
**TREASURY**

*Certificate Number : 6117046242*

*Verify this certificate online at*

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)