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AG TRS ACQUISITION, LLC

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#### **COVER LETTER**

TO:

Registration Section

Division of Corporations	
SUBJECT:	AG TRS ACQUISITION, LLC
	Name of Limited Liability Company
The enclosed "Application by Foreig Existence, and check are submitted t	on Limited Liability Company for Authorization to Transact Business in Florida," Certificate of register the above referenced foreign limited liability company to transact business in Florid
Please return all correspondence con	cerning this matter to the following:
	Julia F. Hubbard
	Name of Person
_	AgAmerica Lending LLC
	Firm/Company
	4030 S Pipkin Rd
	Address
	Lakeland, FL 33811
<del></del>	City/State and Zip Code
	julia@agamerica.com
<u> </u>	mail address: (to be used for future annual report notification)
For further information concerning th	is matter, please call:
Julia F. I	744-0412
Name of Co	ontact Person Area Code Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporation P.O. Box 6327	
Tallahassee, FL 32314	The Centre of Tallahassee
randiassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the for Please make check payable to ☐ \$125.00 Filing Fee	o: FLORIDA DEPARTMENT OF STATE  i \$130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate  Certificate of Status Certified Copy 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: AG TRS ACQUISITION, 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.") DELAWARE 87-0924741 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) 05/11/2021 (Date first transacted business in Florida, if prior to registration.)
(See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 4030 S Pipkin Rd 4030 S Pipkin Rd (Street Address of Principal Office) (Mailing Address) Lakeland, Ft. 33811 Lakeland, FL 33811 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Paracorp Incorporated Name: 155 Office Plaza Drive, 1st Floor Office Address: Tallahassec Florida (City) 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. See attached

(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 Canacity: Name and Address: Name: AgAmerica TRS, LLC ■Manager Brian G. Philpot ■ Manager Name: 4030 S Pipkin Rd ■ Member Address: 4030 S Pipkin Rd □Member Address: Lakeland, FL 33811 ☐ Authorized Lakeland, FL 33811 ☐ Authorized Person Person  $\square$ Other\_ Other □Other Other\_ McAlpin T. Miller Manager Daniel A. Kashdin ☐ Manager 4030 S Pipkin Rd ☐ Member Address: 4030 S Pipkin Rd □ Member Address: Lakeland, FL 33811 ☐ Authorized Lakeland, FL 33811 ☐ Authorized Person Person Other\_CFO/COO **■**Other\_ □ Other ☐Other\_ Courtney A. Eelman Name: John K. Culbreth □Manager □ Manager 4030 S Pipkin Rd ☐ Member Address: 4030 S Pipkin Rd □ Member Address: Lakeland, FL 33811 ☐ Authorized Lakeland, FL 33811 □ Authorized Person Person Chief Enterprise Risk Officer Chief Accounting Officer ■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 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. Julia F. Hubbard

Typed or printed name of signee

#### STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

**DATE:** 05/28/2021

ENTITY NAME: AG TRS ACQUISITION, LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated

# Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AG TRS ACQUISITION, 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 TWENTY-EIGHTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AG TRS ACQUISITION, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203320229

Date: 05-28-21

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