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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 849711 7346068

AUTHORIZATION :

COST LIMIT CENSULES CONCERNATION OF THE COST L

ORDER DATE: June 9, 2021

ORDER TIME : 2:26 PM

ORDER NO. : 849711-010

CUSTOMER NO: 7346068

FOREIGN FILINGS

NAME: FARM ROAD PORT CHARLOTTE FL,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER:

COVER LETTER

	gistration Section vision of Corporations				
SUBJECT:	Farm Road Port Charlotte FL, LLC				
	Name of Limited Liability Company				
The enclose Existence, a	nd "Application by Foreign Limited Liability of the deck are submitted to register the above to	Company for Authorization to Transact Business in Florida," referenced foreign limited liability company to transact busin	Certificate of ess in Florida.		
Please return	n all correspondence concerning this matter to	o the following:			
	Malinda Plumer				
		Name of Person			
	Gladstone Land Corporation				
	Firm/Company				
	1521 Westbranch Drive, Suite 100				
	Address				
	McLean, Virginia 22102				
	Ci	ty/State and Zip Code			
	Malinda.Plumer@gladstonecompanies.c	om			
	E-mail address: (to be	used for future annual report notification)			
For further i	nformation concerning this matter, please cal	1:			
Marisa Rouse		901 543-5904 at ()			
	Name of Contact Person	at ()Area Code Daytime Telephone Number			
Re	gistration Section	Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee			
	llahassee, FL 32314	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

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: Farm Road Port Charlotte FL, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unsvailable, 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 (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1521 Westbranch Drive, Suite 100 1521 Westbranch Drive, Suite 100 (Street Address of Principal Office) (Mailing Address) McLean, Virginia 22102 McLean, Virginia 22102 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee 32301 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.

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: Gladstone Land Limited Partnership □ Manager □ Manager Address: 1521 Westbranch Drive, Suite 100 **■**Member ☐ Member Address: McLean, Virginia 22102 □ Authorized □ Authorized Person Person □Other_ □Other____ Other_ ☐ Other □Manager Name: □Manager Name: _____ ☐ Member Address: _____ ☐ Mcmber Address: ☐ Authorized ☐ Authorized Person Person Other_ Other____ □Other ☐ Other □Manager Name: _____ Manager Name: □Member 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. Marisa Rouse

Marisa Rouse

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FARM ROAD PORT CHARLOTTE FL, 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 JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FARM ROAD PORT CHARLOTTE FL, LLC" WAS FORMED ON THE NINTH DAY OF JUNE, A.D. 2021.

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



Authentication: 203405829

Date: 06-09-21