

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 293-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
TRIPLE BELL FARMS LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SECRETARY OF STATE
CORPORATE SERVICES, FL

2021 SEP -7 AM 11:27

FILED

2021 SEP -7 AM 4:29

ELECTRONIC FILING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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Help

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

IN COMPLIANCE WITH SECTION 605.04(2), FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TRIPLE BELL FARMS LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP.")

(If name is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP.")

2. Kentucky

(Jurisdiction under the law of which foreign limited liability company is organized)

20-3495647

3. _____ (FID number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration. (See sections 605.0004 & 605.0005, F.S. for delinquent penalty liability.)

2-95 Eric T Smith Way

5. _____ (Street Address of Principal Office)

Aurora, Ontario Canada

L4G 0Z6

2-95 Eric T Smith Way

6. _____ (Mailing Address)

Aurora, Ontario Canada

L4G 0Z6

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(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 and 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.

C T Corporation System

By _____

(Registered agent's signature)

Lisa Doubis, Assistant Secretary

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CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: <u>Greg Harnish</u>	☒ Manager	Name: <u>Colin Chapin</u>
☐ Member	Address: <u>2-95 Eric T Smith Way</u>	☐ Member	Address: <u>2-95 Eric T Smith Way</u>
☐ Authorized	<u>Aurora, Ontario</u>	☐ Authorized	<u>Aurora, Ontario</u>
Person	<u>Canada L4G 0Z6</u>	Person	<u>Canada L4G 0Z6</u>
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
 ☒ Manager	Name: <u>Belinda Stronach</u>	 ☐ Manager	Name: _____
☐ Member	Address: <u>2-95 Eric T Smith Way</u>	☐ Member	Address: _____
☐ Authorized	<u>Aurora, Ontario</u>	☐ Authorized	_____
Person	<u>Canada L4G 0Z6</u>	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. 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

Greg Harnish, Manager

Typed or printed name of signer

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

Michael G. Adams
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 254035

Visit <https://web.sos.ky.gov/show/certvalidate.aspx> to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

TRIPLE BELL FARMS LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 12, 2005 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 7th day of September, 2021, in the 230th year of the Commonwealth.



Michael G. Adams

Michael G. Adams
Secretary of State
Commonwealth of Kentucky
254035/0619576