1600014083

(R	Requestor's Name)	
(A	ddress)	
(A	(ddress)	
(C	ity/State/Zip/Phone #	4)
☐ PICK-UP	MAIT	MAIL
(E	Business Entity Name	e)
(C	Occument Number)	
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DATE: 10/22/21

NAME:

AG TRS ACQUISITION RH, LLC

TYPE OF FILING: APPLICATION

COST:

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Section

Division of Corp	orations		
SUBJECT:	AG TRS	ACQUISITION RH, LLC	<u> </u>
SUBJECT.	Name of	Limited Liability Company	
The enclosed "Application Existence, and check are s	by Foreign Limited Liability Com submitted to register the above refer	pany for Authorization to Trenced foreign limited liability	ansact Business in Florida," Certificate of ty company to transact business in Florida.
Please return all correspon	dence concerning this matter to the	following:	
	Juli	a F. Hubbard	
	N	ame of Person	·····
	AgAı	merica Lending LLC	
	F	irm/Company	
	4030	S Pipkin Road	
		Address	
	Lak	eland, FL 33811	
	City/S	tate and Zip Code	
	•	gagamerica.com	
	E-mail address: (to be use	d for future annual report no	tification)
For further information co	ncerning this matter, please call:		
	Julia F. Hubbard	863 944-04	12
 !	Name of Contact Person		rtime Telephone Number
MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	orations ion	Division Registrat Clifton E 2661 Exc	r ADDRESS: of Corporations ion Section Building ecutive Center Circle see, FL 32301
Enclosed is a check for the ☐ \$125.00 Filing		☐ \$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 COMPANYTO TRANSACT BI INNESS IN THE STATE OF FLORIDA:

			Liability Company," "L.L.C," or
Delaware		87-3112772	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEJ av	unber, if applicable)
10/20/2021			
	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)	
4030 S Pipkin Rd		4030 S Pipkin Rd 6. (Mailing Address)	
oet Address of Principal Office)		(Mailing Address)	
Lakeland, FL 33811		Lakeland, FL 33811	
			: <u> </u>
Name and street addres	es of Florida registered agent: (P.O. Box 1	NOT acceptable)	1 22 PM 12: 52
Office Address:	155 Office Plaza Drive, 1st Floor		. 2
	Taliahassee	32301 , Florida	
	(City)	(Zin code	<u> </u>

(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]: Name and Address: Title or Capacity: Title or Capacity: Name and Address: Brian G. Philpot AgAmerica TRS, LLC Name: ■ Manager **■**Manager Name: 4030 S Pipkin Rd 4030 S Pipkin Rd Address: Address: □ Member Member Lakeland, FL 33811 Lakeland, FL 33811 □ Authorized □ Authorized Person Person □Other__ Other_ Other_ Other Name: _____ McAlpin T. Miller ■ Manager Manager Manager 4030 S Pipkin Rd 4030 S Pipkin Rd Address: □Member Address: ☐ Member Lakeland, FL 33811 Lakeland, FL 33811 □ Authorized □ Authorized Person Person Other_CFO/COO □ Other _____ ☐Other ... Other_ John K. Culbreth Name: Courtney A. Eelman □ Manager □Manager 4030 S Pipkin Rd 4030 S Pipkin Rd Address: ☐ Member Address: ☐ Member Lakeland, FL 33811 Lakeland, FL 33811 ☐ Authorized □ Authorized Person Person CHIEF ENTERPRISE RISK OFFICER CHIEF ACCOUNTING OFFICER 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. Min J. Hulliard

Julia F. Hubbard

Typed or printed same of signor

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 10/22/2021

ENTITY NAME: AG TRS ACQUISITION RH, 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

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Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AG TRS ACQUISITION RH, 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 THIRTEENTH DAY OF OCTOBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AG TRS

ACQUISITION RH, LLC" WAS FORMED ON THE TWELFTH DAY OF OCTOBER, A.D.

2021.

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

Authentication: 204404062

Date: 10-13-21

6301064 8300 SR# 20213505097