

M2000014086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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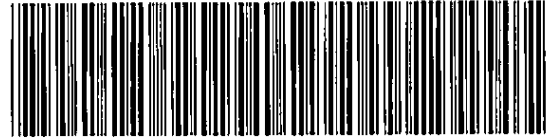
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/22/21

NAME: AG LAUNCH, LLC

TYPE OF FILING: APPLICATION

COST: 130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A Hodge

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AG LAUNCH, 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:

Julia F. Hubbard
Name of Person
AgAmerica Lending LLC
Firm/Company
4030 S Pipkin Road
Address
Lakeland, FL 33811
City/State and Zip Code
julia@agamerica.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julia F. Hubbard at (863) 944-0412
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. AG LAUNCH, 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.")

2. Delaware 3. 87-3106537
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 10/20/2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4030 S Pipkin Rd 6. 4030 S Pipkin Rd
(Street Address of Principal Office) (Mailing Address)
Lakeland, FL 33811 Lakeland, FL 33811

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

Name: Paracorp Incorporated
Office Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, Florida 32301
(City) (Zip code)

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21

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 consent
(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: AgAmerica Mortgage Trust, LLC

☒ Member Address: 4030 S Pipkin Rd

☐ Authorized Lakeland, FL 33811

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: McAlpin T. Miller

☐ Member Address: 4030 S Pipkin Rd

☐ Authorized Lakeland, FL 33811

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Courtney A. Eelman

☐ Member Address: 4030 S Pipkin Rd

☐ Authorized Lakeland, FL 33811

Person _____

CHIEF ENTERPRISE RISK OFFICER

☒ Other _____ ☐ Other _____

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

☒ Manager Name: Brian G. Philpot

☐ Member Address: 4030 S Pipkin Rd

☐ Authorized Lakeland, FL 33811

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Daniel A. Kashdin

☐ Member Address: 4030 S Pipkin Rd

☐ Authorized Lakeland, FL 33811

Person _____

☒ Other CFO/COO ☐ Other _____

☐ Manager Name: John K. Culbreth

☐ Member Address: 4030 S Pipkin Rd

☐ Authorized Lakeland, FL 33811

Person _____

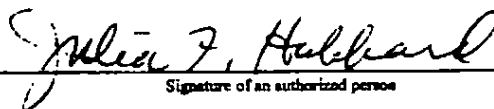
CHIEF ACCOUNTING OFFICER

☒ 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

Julia F. Hubbard

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

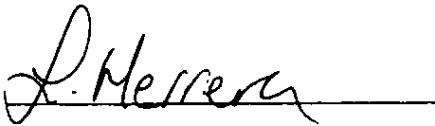
DATE: 10/22/2021

ENTITY NAME: AG LAUNCH, 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 Statutes.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary
Paracorp Incorporated

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AG LAUNCH, 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 LAUNCH, 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.



6301067 8300

SR# 20213505113

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204404070

Date: 10-13-21