

m21000014087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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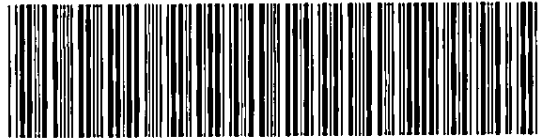
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**DATE: 10/22/21**

**NAME: AG TRS ACQUISITION AR, LLC**

**TYPE OF FILING: APPLICATION**

**COST: 130.00**

**RETURN: PLAIN COPY AND GOOD STANDING PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*A Hodge*

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** AG TRS ACQUISITION AR, 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:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. AG TRS ACQUISITION AR, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware

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

3. 87-3143474

(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

(Street Address of Principal Office)

Lakeland, FL 33811

6. 4030 S Pipkin Rd

(Mailing Address)

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

(City)

32301, Florida

(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. 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)

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TALLAHASSEE, 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]:

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

☒ Manager Name: AgAmerica TRS, 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 \_\_\_\_\_

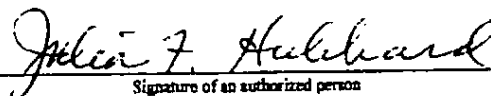
CHIEF ACCOUNTING OFFICER

☐ 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 signer

**STATE OF FLORIDA**

**REGISTERED AGENT CONSENT FORM**


**DATE:** 10/22/2021

**ENTITY NAME:** AG TRS ACQUISITION AR, 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 TRS ACQUISITION AR, 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 AR, 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.



6301062 8300

SR# 20213505089

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

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

Jeffrey W. Bullock, Secretary of State

Authentication: 204404053

Date: 10-13-21