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DATE:

11/09/21

NAME:

ROLLING CREEK PLANTATION, LLC

TYPE OF FILING: APPLICATION

COST:

\$125.00

RETURN: PLAIN COPY

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

attody

ROBERTS CAPITAL PARTNERS, LLC

P.O. Box 238 Lake Butler, FL 32054 (386)496-3509 / Fax: (386)496-4309

December 7, 2021

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

Re: Consent to Use Name / Rolling Creek Plantation, LLC

To Whom It May Concern:

We, Roberts Capital Partners, LLC ("RCP"), as Manager, filed Articles of Organization for a Florida Limited Liability Company for Rolling Creek Plantation, LLC on October 14, 2021 / Document #L21000449231 (the "Articles of Organization"). We later realized that we had filed said Articles of Organization in error as it was our intent for the entity to be formed in Delaware and not in Florida - so upon our realization of the error, we filed Articles of Dissolution in Florida on November 18, 2021.

RCP now desires to file an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and we hereby provide our consent for the Foreign Limited Liability Company filing of Rolling Creek Plantation, ŁLC and the use of such name accordingly.

If you should have any questions or need additional information in this regard, please do not hesitate to contact our office at (386)496-3509.

Thank you for your time and attention to this matter.

Sincerely,

C. Austen Roberts

Manager

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	ROLLING CREEK	PLANTATION, LLC
		ited Liability Company
The en	enclosed "Application by Foreign Limited Liability Compantence, and check are submitted to register the above reference	y for Authorization to Transact Business in Florida," Certificate of ed foreign limited liability company to transact business in Florida.
Please	se return all correspondence concerning this matter to the fol	lowing:
	Julia F	F. Hubbard
	Name	of Person
	AGAMERICA I	LENDING LLC
	Firm/	Company
	4030 S	PIPKIN RD
	A	ddress
	LAKELA	ND, FL 33811
	City/State	and Zip Code
	JULIA@AGA	AMERICA.COM
	E-mail address: (to be used for	future annual report notification)
For fur	urther information concerning this matter, please call:	
	JULIA F. HUBBARD	863 944-0412
	Name of Contact Person	Area Code Daytime Telephone Number
	Registration Section Red Division of Corporations Di P.O. Box 6327 Th Tallahassec, FL 32314 24	reet Address: Legistration Section vision of Corporations Legistration of Tallahassee 15 N. Monroe Street, Suite 810 Illahassee, FL 32303
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTME \$125.00 Filing Fee \$\$130.00 Filing Fee & Certificate of Status	ENT OF STATE 1 \$155.00 Filing Fee &

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACTRI SINESS IN THE STATE OF FLORIDA:

name adopted for the purpose of transacting business in Floric	ia. The alternate name must incl	ude "Limited Liab	ility Company," "L.1_C,	or "LLC.
	87-3210485			
hich foreign limited liability company is organized)	(FEI number, if applicable)			
(Date first transacted business in Florida, if prior to regi (See sections 605.0904 & 605.0905, F.S. to determine)	stration.) conalty liability)			
4030 S PIPKIN RD		RD		
treet Address of Principal Office)		<u>)</u>		_
11	LAKELAND, FI	33811		
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			121 111 111 111 111 111 111 111 111 111	
s of Florida registered agent: (P.O. Box N	IOT acceptable)		AON WELL	
			- 100 kg - 1	==:
Paracorp Incorporated				m _c
			Por 3	_
155 Office Plans Daine Lat Fla				
155 Office Plaza Drive, 1st Floor			AM IO: 4 FE CAR	
155 Office Plaza Drive, 1st Floor Tallahassee		32301	0:45 1ATE	
	11 Sign of Florida registered agent: (P.O. Box N	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6. (Mailing Address LAKELAND, FI	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6. 4030 S PIPKIN RD 6. (Mailing Address) LAKELAND, FL 33811	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 6. (Mailing Address) LAKELAND, FL 33811

(Registered agent's signature)

See Attached Consent

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: AGAMERICA LENDING LLC Manager ☐ Manager Name: ____ 4030 S PIPKIN RD □Member Address: □Member Address: LAKELAND, FL 33811 □ Authorized ☐ Authorized Person Person □Other___ Other Other___ □Other____ □ Manager Name: _____ □Manager Name: _____ □Member Address: ____ □Member Address: \square 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.

JULIA F. HUBBARD

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 11/9/2021

ENTITY NAME: Rolling Creek Plantation, 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

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ROLLING CREEK PLANTATION, 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 NOVEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ROLLING CREEK PLANTATION, LLC" WAS FORMED ON THE TWENTIETH DAY OF OCTOBER, A.D. 2021.

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

A SOUR GERMAN SON AND SON AND

Authentication: 204638740

Date: 11-09-21