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COVER LETTER

TO:

Registration Section

Division of	Corporations		
SUBJECT:	DRY ACRES	f Limited Liability Company	
		mpany for Authorization to Transact Business in Florida," Certificate c erenced foreign limited liability company to transact business in Florid	
Please return all corr	espondence concerning this matter to t	he following:	
	Shaun	a Thompson Name of Person	
	DRY A	CRES LLC Firm/Company	
		Island Farm Lawo	
_	M. Iton	, DE, 19968	•
	·	Address DE 19968 State and Zip Code Valoo, Com Seed for future annual report notification)	
or further information	on concerning this matter, please call:		
Sho	Name of Contact Person	at (302) 684 390 / Area Code Daytime Telephone Number	
Mailing Ad	dress:	Street Address:	
	on Section	Registration Section	
	of Corporations	Division of Corporations	
P.O. Box		The Centre of Tallahassee	
Tallahasso	ee. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	a check for the following amount: check payable to: FLORIDA DEPA Filing Fee S130.00 Filing Fee & Certificate of S	& ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate	

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
(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 "L.L.C.")
2. (Jurisdiction under the law of which foreign limited liability company is organized) 3. 27-216-1471 (FEI number, il applicable)
4. January July July July July July July July Jul
5. 16793 TS/OULTON W 6. 16793 TS/OULTON W 6. 16793 TS/OULTONG (Mailing Address)
Milton DE 19968 - 777. Hon, DE 19968
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: July Hawkins
Office Address: 755 Burlinged St
The pool (City) Florida 33.5//
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.
(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

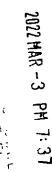
litle or Capacity:	Name and Address:	Title or Capacity:		Name and Address:
Manager	Name: Shauna Monspa	∟□Manager	Name:	···
]Member	Address: 16793 Island from	Member	Address: _	
Authorized	Milton, DE 19968	∕ □Authorized		····
Person		Person		
Other	Other	□Other		□Other
Manager	Name:	□Manager	Name:	
Member	Address:	□Member	Address:	
Authorized		□Authorized		
Person		Person		
lOther	Other	Other		□Other
]Manager	Name:	□Manager	Name:	(3
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Person		Person		
Other	Other	□Other		Other

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.

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRY ACRES, 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 TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2022.





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