

M22000003523

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(Address)

(Address)

(City/State/Zip/Phone #)

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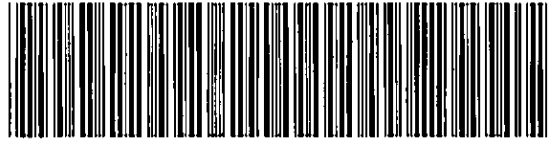
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DATE: 03/08/22

NAME: AGAMERICA GA1.LLC

TYPE OF FILING: APPLICATION

COST: 130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

attpage

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AgAmerica GA1, 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 Pikpin Road
Address
Lakeland, FL 33811
City/State and Zip Code
julia@agamerica.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

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

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. AgAmerica GAI, 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. 87-4694054
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 03/08/2022
(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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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: DANIEL A. KASHDIN
☐ Member Address: 4030 S PIPKIN RD
☐ Authorized Lakeland, FL 33811
Person _____
☒ Other CFO/COO _____ ☐ Other _____

☐ Manager Name: COURTNEY A. EELMAN
☐ Member Address: 4030 S PIPKIN RD
☐ Authorized Lakeland, FL 33811
Person _____
Chief Strategy & Risk Officer
☒ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**
☐ Manager Name: JOHN K. CULBRETH
☐ Member Address: 4030 S PIPKIN RD
☐ Authorized Lakeland, FL 33811
Person _____
Chief Accounting Officer
☒ Other _____ ☐ Other _____

☒ Manager Name: BRIAN G. PHILPOT
☐ 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 _____

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

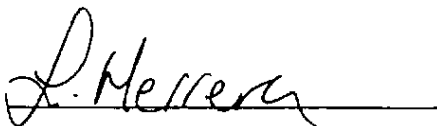
DATE: 3/8/2022

ENTITY NAME: AgAmerica GA1, 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.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AGAMERICA GA1, 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 EIGHTH DAY OF MARCH, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AGAMERICA GA1, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF JANUARY, A.D. 2022.

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

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6563398 8300

SR# 20220915186

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.

Jeffrey W. Bullock, Secretary of State

Authentication: 202852900

Date: 03-08-22