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Florida Department of State
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To:
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From:
Account Name : NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.
Account Number : 120010000202
Phone : (941)954-4691
Fax Number : (941)954-2128

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CORPORATION@NHLSLAW.COM

2022 AUG 12 11:32

Foreign Limited Liability Company
Tanforan I Alfalfa, LLC

Certificate of Status	0
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Page Count	03
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K. SALY

AUG 15 2022



August 12, 2022

FLORIDA DEPARTMENT OF STATE

Division of Corporations
NORTON, HAMMERSLEY, LOPEZ & SKOKOS, P.A.

SUBJECT: TANFORAN I ALFALFA, LLC
REF: W22000104125

We have received your document for TANFORAN I ALFALFA, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H22000272207
Letter Number: 122A00018013

P.O BOX 6327 - Tallahassee, Florida 32314

H220002722073

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TANFORAN I ALFALFA, 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:

PETER Z. SKOKOS

Name of Person

NORTON HAMMERSLEY LOPEZ & SKOKOS, P.A.

Firm/Company

1819 MAIN STREET, SUITE 610,

Address

SARASOTA, FL 34236

City/State and Zip Code

CORPORATION@NHLSLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SARAH DAVIS

941

954-4691

at ()

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. TANFORAN CAPITAL MANAGEMENT, 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. applied for
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 1307 W. MOREHEAD STREET SUITE 208 6. 1307 W. MOREHEAD STREET SUITE 2018
(Street Address of Principal Office) (Mailing Address)
CHARLOTTE, NC 28208 CHARLOTTE, NC 28208

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

Name: Peter Z. Skokos
Office Address: 1819 Main Street Suite 610
Sarasota, Florida 34236
(City) (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.

PAS
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MANAGER</u>	<u>Tanforan Capital Management,</u> <u>2310 Westfield Road</u> <u>Charlotte, NC 28207</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

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.

PAS
Signature of an authorized person

PETER Z. SKOKOS

Typed or printed name of signee

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TANFORAN I ALFALFA, 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 ELEVENTH DAY OF AUGUST, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TANFORAN I
ALFALFA, LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2020.

FILED
2022 AUG 12 PM 4:09
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA



SR# 20223235498

Jeffrey W. Bullock, Secretary of State

Date: 08-11-22