

M23000004506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

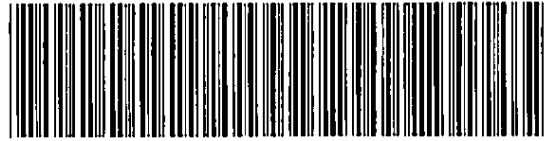
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000031660

Office Use Only



900401917789

02/13/23--01025--023 **180.00

2023 APR -7 AM 9:24
FILED
AND
RECEIVED

APR 08 2023

K. Brumby



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 8, 2023

ARTHUR T. HEALEY
97 LONG POND ROAD
LAKEVILLE, CT 06039 US

SUBJECT: AG PODS LLC
Ref. Number: W23000031660

We have received your document for AG PODS LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 223A00005376

AG Pods, LLC
5944 Coral Ridge Dr, Unit 110,
Coral Springs, FL 33076

March 24, 2023


Florida Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Certificate of Good Standing

We have received your letter requesting a Certificate of Good Standing and have enclosed it here for your review.

Please let me know if you have any questions.

Sincerely,



Arthur T. Healey
CFO
(240) 274-5505

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AG Pods 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:

Arthur T. Healey

Name of Person

AT Healey, LLC

Firm/Company

97 Long Pond Road

Address

Lakeville, CT 06039

City/State and Zip Code

art@athealey.com

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

For further information concerning this matter, please call:

Arthur T. Healey

240

274-5505

at (_____) _____

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

AGP Holdings

(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. 88-4146805
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. February 15, 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5944 Coral Ridge Drive, Unit 110 6. c/o AT Healey, LLC
(Street Address of Principal Office) (Mailing Address)

Coral Springs, FL 33076 97 Long Pond Road
Lakeville, CT 06039

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

Name: A&E Capital Advisors FL LLC
Office Address: 5944 Coral Ridge Drive, Unit 110
Coral Springs 33076
(City) Florida (Zip code)

2023 APR - 7 AM 9:24

RECEIVED
APR 7 2023

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.

DocuSigned by:
[Signature]
332823BCE36FAA2 (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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Tory R. Zweigel</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Arthur T. Healey</u>
<input checked="" type="checkbox"/> Member	Address: <u>14726 Goldenwest St., Ste H</u>	<input type="checkbox"/> Member	Address: <u>97 Long Pond Road</u>
<input type="checkbox"/> Authorized	<u>Westminster, CA 92683</u>	<input type="checkbox"/> Authorized	<u>Lakeville, CT 06039</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Andrew Haas</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>5944 Coral Ridge Drive</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Unit 110</u>	<input type="checkbox"/> Authorized	_____
Person	<u>Coral Springs, FL 33076</u>	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

DocuSigned by:

Arthur T. Healey

D1CC3106ED2C40F

Signature of an authorized person

Arthur T. Healey, Chief Financial Officer

Typed or printed name of signee

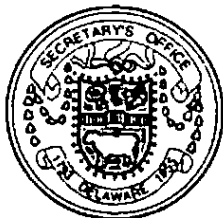
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AG PODS 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-SECOND DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AG PODS LLC" WAS FORMED ON THE THIRTIETH DAY OF SEPTEMBER, A.D. 2022.



Jeffrey W. Bullock, Secretary of State

7060206 8300

SR# 20231087334

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202972918

Date: 03-22-23