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| TO: | Registration Section Division of Corporations | | | | |
|---------------------------------------|--|---|--|--|--|
| SUBJ | AG Land Fund HR, LLC | | | | |
| 3003 | | ame of Limited Liability Company | | | |
| | | ty Company for Authorization to Transact Business in Florida," Certificate of ve referenced foreign limited liability company to transact business in Florida | | | |
| Please | return all correspondence concerning this matte | r to the following: | | | |
| | Stephanie Moyer | | | | |
| | | Name of Person | | | |
| | AgAmerica Lending LLC | | | | |
| | Firm/Company | | | | |
| | 4030 South Pipkin Road | | | | |
| | Address | | | | |
| | Lakeland, FL 33811 | | | | |
| | | City/State and Zip Code | | | |
| | stephanic.moyer@agamerica.com | | | | |
| | E-mail address: (to | be used for future annual report notification) | | | |
| For fu | rther information concerning this matter, please | call: | | | |
| Stephanie Moyer | | 863 279-1386 at () | | | |
| | Name of Contact Person | at () Area Code Daytime Telephone Number | | | |
| Mailing Address: Registration Section | | Street Address: Registration Section | | | |
| Division of Corporations | | Division of Corporations | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DI ☐ \$125.00 Filing Fee ☐ \$130.00 Filing I Certificate | EPARTMENT OF STATE | | | |

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:

| (Name of Foreign | .C 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 Flo | rida. The alternate name must include "Limited Liabil | lity Company," "L.I.,C," or "I.I.C.") |
| Delaware | | 92-3726854 | |
| (Jurisdiction under the law of which foreign limited liability company is organized) | | 3. (FEI number, | if applicable) |
| 7/10/23 | | | |
| · | (Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine | egistration.) e penalty liability) | _ |
| 4030 South Pipkin Ros | | 4030 South Pipkin Road | |
| Street Address of Principal Office) | | 6. (Mailing Address) | |
| Lakeland, FL 33811 | | Lakeland, FL 33811 | |
| | | | 20 |
| | ss of Florida registered agent: (P.O. Box Paracorp Incorporated | NOT acceptable) | JUL II PH |
| Name: Office Address: | 155 Office Plaza Drive, 1st Floor | | PH 3: 16 |
| | Tallahassee | 32301 , Florida | _ |
| | (City) | (Zip code) | |
| esignated in this applica comply with the provisi | tance: gistered agent and to accept service of pi tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent. | registered agent and agree to act in t | this capacity. I further agi |
| | see attachment page | | |
| | (Registered agent's si | onature) | _ |

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: Name: AG Land Fund ACQ, LLC Manager □Manager Name: 4030 South Pipkin Road **■**Member ☐ Member Address: Lakeland, FL 33811 □ Authorized ☐ Authorized Person Person Other □Other Other □ Other □Manager Name: □Manager Name: ____ □Member Address: _____ ☐ Member Address: ☐ Authorized □ Authorized Person Person □Other □Other _____ Other □Other ____ ☐ Manager Name: □Member Address: Address: ____ □Member □ 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. Stephanie Moyer Signature of an authorized person Stephanie Moyer

Typed or printed name of signee

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

DATE: 7/11/2023

ENTITY NAME: AG Land Fund HR, 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



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

DELAWARE, DO HEREBY CERTIFY "AG LAND FUND HR, 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 TENTH DAY OF JULY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AG LAND FUND HR, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF APRIL, A.D. 2023.

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



7414281 8300 SR# 20232953343 Authentication: 203708821

Date: 07-10-23