M23000008952

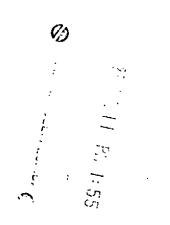
(Re	equestor's Name)	
(Ar	ddress)	
<i>(,</i>	33,	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
(, ,	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(D	ocument Number)	
•	,	
Certified Copies	Certificates of	of Status
Special Instructions to Fili	ing Officer:	

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AG LAND FUND RH, LLC

TYPE OF FILING: APPLICATION

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COVER LETTER

·,

TO:

то:	Registration Section Division of Corporations	
SUBJ	AG Land Fund RH, LLC ECT:	
		lame of Limited Liability Company
		ity Company for Authorization to Transact Business in Florida." Certificate of ove referenced foreign limited liability company to transact business in Florida.
Please	e return all correspondence concerning this matt	ter 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
Ā	stephanie.moyer@agamerica.com	
	E-mail address: (to	o be used for future annual report notification)
For fu	rther information concerning this matter, please	e call:
	Stephanie Moyer	863 279-1386 at ()
	Name of Contact Person	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 D ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Certification	DEPARTMENT 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 adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited Liabili	ity Company," "L.L.C," or "L.L.C.")
Delaware		92-3254019	
(Jurisdiction under the law of v	which foreign limited liability company is organized)	3(FEI number, i	f applicable)
7/10/23			
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determin	egistration.) se penalty liability)	<u> </u>
4030 South Pipkin Ro		4030 South Pipkin Road	
Street Address of Principal Office)		6. (Mailing Address)	
Lakeland, FL 33811		Lakeland, FL 33811	
			2023 S.F.C
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	10000000000000000000000000000000000000
	Paracorp Incorporated		PH 3: 3:
Name:			11 22
Name: Office Address:	155 Office Plaza Drive, 1st Floor		
	155 Office Plaza Drive, 1st Floor Tallahassee		
	· · · · · · · · · · · · · · · · · · ·	32301 , Florida (Zip code)	_

(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: Title or Capacity: Name and Address: Name: AG Land Fund ACQ, LLC **■** Manager □ Manager 4030 South Pipkin Road **≅** Member □ Member Address: Lakeland, FL 33811 □ Authorized □ Authorized Person Person □Other Other Other □Other Name: Brian G. Philpot □Manager □Manager Name: ______ □Member Address: ☐ Member Address: 4030 South Pipkin Road ☐ Authorized □ Authorized Lakeland, FL 33811 Person Person **⊟**Other Officer □Other □Other____ □Other ____ Name: McAlpin T. Miller □Manager □Manager Name: ____ Address: Vice President □Member Address: ☐ Member 4030 South Pipkin Road □ Authorized ☐ Authorized Lakeland, FL 33811 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 RH, 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

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "AG LAND FUND RH, 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 RH, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2023.

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

Authentication: 203708811

Date: 07-10-23

7382725 8300 SR# 20232953323