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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

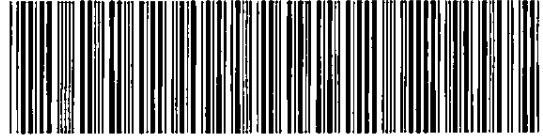
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Milligan Properties, 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:

John D. Milligan
Name of Person

Milligan Properties, LLC
Firm/Company

1091 Peoria Road
Address

Pawillon NY 14525
City/State and Zip Code

armstrongfarms@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheryl Milligan at (585) 350-1377
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. Milligan Properties LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

** Milligan Properties 1942, 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. New York
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 16-1567508
(FEI number, if applicable)

4. November 29 2023
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 1091 Borcia Road
(Street Address of Principal Office)

6. 1091 Borcia Road
(Mailing Address)

Pavilion, NY 14525

Pavilion, NY 14525

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

Name: Todd Pope

Office Address: 1601 Whalin Way
The Villages, Florida 32163
(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.

Todd Pope
(Registered agent's signature)

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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: Karen C Milligan

☒ Member Address: 1091 Peoria Rd

☐ Authorized Pawilion, Ny 14525

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: John D. Milligan

☒ Member Address: 1091 Peoria Rd

☐ Authorized Pawilion, Ny 14525

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Todd R. Milligan

☒ Member Address: 1091 Peoria Rd

☐ Authorized Pawilion Ny 14525

Person _____

☐ Other _____ ☐ Other _____

Office:

☒ Manager Name: Cheryl L Milligan

☐ Member Address: 1091 Peoria Rd

☐ Authorized Pawilion, Ny 14525

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.

John D. Milligan
Signature of an authorized person

John D. Milligan
Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: MILLIGAN PROPERTIES, LLC
DOS ID Number: 2344158
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 02/09/1999
Statement Status: CURRENT
Statement Due Date: 02/28/2025

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: ARTICLES OF ORGANIZATION
Date of Filing: 02/09/1999
Entity Name: MILLIGAN PROPERTIES, LLC

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 04/26/1999

Document Type: AFFIDAVIT OF PUBLICATION
Date of Filing: 04/26/1999

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/02/2001
Effective Date: 02/01/2001

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/18/2003
Effective Date: 02/01/2003

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/24/2005
Effective Date: 02/01/2005

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/06/2007
Effective Date: 02/01/2007

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/12/2009
Effective Date: 02/01/2009

Document Type: BIENNIAL STATEMENT
Date of Filing: 02/17/2011
Effective Date: 02/01/2011

Document Type: BIENNIAL STATEMENT
Date of Filing: 11/04/2013
Effective Date: 02/01/2013

Document Type: BIENNIAL STATEMENT
Date of Filing: 09/27/2018
Effective Date: 02/01/2017

Document Type: BIENNIAL STATEMENT
Date of Filing: 03/17/2021
Effective Date: 02/01/2021

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/08/2023
Effective Date: 02/01/2023

Above space is left blank intentionally.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on December 01, 2023
at 07:59 A.M.

ROBERT J. RODRIGUEZ, Secretary of State



Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State