

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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Foreign Limited Liability Company  
FIELD STONE LAND INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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DIVISION OF CORPORATIONS

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K. SALY

JUL 31 2024

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**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. FIBLD STONE LAND INVESTMENTS, 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. ILLINOIS

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEI number, if applicable)

4. \_\_\_\_\_

(Only first incorporated business in Florida, if prior to registration;  
(See Sections 605.0904 & 605.0905, F.S. to determine priority liability)

6140 Saxtown Road

5. \_\_\_\_\_  
(Street Address of Principal Office)

Millstadt, IL 62260

6140 Saxtown Road

6. \_\_\_\_\_  
(Mailing Address)

Millstadt, IL 62260

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

Name: Richard Mailby

Office Address: 13900 Tech City Circle, Suite 415

Alachua, Florida 32615

(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.*

*Richard Mailby*

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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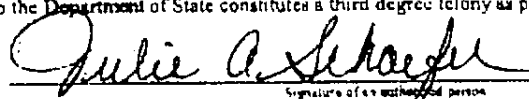
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	James L. Schaefer		<input checked="" type="checkbox"/> Manager	Name:	Julie A. Schaefer	
<input type="checkbox"/> Member	Address:	6140 Saxtown Road		<input type="checkbox"/> Member	Address:	6140 Saxtown Road	
<input type="checkbox"/> Authorized		Millstadt, IL 62260		<input type="checkbox"/> Authorized		Millstadt, IL 62260	
Person				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	
<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	
<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 indexed 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.

  
Signature of an authorized person

Julie A. Schaefer

Typed or printed name of signer

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0239260-7



**To all to whom these Presents Shall Come, Greeting:**

*I, Alexi Giannoulis, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

FIELD STONE LAND INVESTMENTS, I.L.C. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 20, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 30TH  
day of JULY A.D. 2024 .