

8/2/24, 2:03 PM

Division of Corporations

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To:

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

From:

Account Name : SHUFFIELD LOWMAN
Account Number : 120030000118
Phone : (407)581-9800
Fax Number : (407)581-9801

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: registeredagent-jdd@shuffieldlowman.com

**Foreign Limited Liability Company
South Mill Mushroom LLC**

Certificate of Status	0
Certified Copy	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: South Mill Mushroom 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.

Julia D. Dennis, Esq.

Name of Person

Shutfield, Lowman & Wilson, P.A.

Firm/Company

1000 Legion Place Ste 1700

Address

Orlando, FL 32801

City, State and Zip Code

RegisteredAgent-JDD@ShutfieldLowman.com

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

For further information concerning this matter, please call

Darlene Crisler, Paralegal

407

581-9800

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 605.092, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 South Mill Mushroom 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 Delaware 20-5853747
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4 N/A
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0902, F.S. to determine penalty liability.)

5 649 W. South Street
(Street Address of Principal Office)
Kennett Square, PA 19348

6 649 W. South Street
(Mailing Address)
Kennett Square, PA 19348

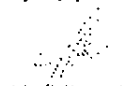
7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name Julia D. Dennis, Esq.
Office Address 1000 Legion Place Ste 1700
Orlando 32801
(City) (Zip code)

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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


Julia D. Dennis, Esq. (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]

<p>Title or Capacity:</p> <p><input type="checkbox"/> Manager Name, <u>Sergio Varela</u></p> <p><input type="checkbox"/> Member Address <u>6-10 West South Street</u></p> <p><input checked="" type="checkbox"/> Authorized <u>Kennett Square, PA 19348</u></p> <p>Person _____</p> <p><input checked="" type="checkbox"/> Other _____ <input checked="" type="checkbox"/> Other Secretary _____</p> <p><input type="checkbox"/> Manager Name _____</p> <p><input type="checkbox"/> Member Address _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name _____</p> <p><input type="checkbox"/> Member Address _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>	<p>Title or Capacity:</p> <p><input type="checkbox"/> Manager Name _____</p> <p><input type="checkbox"/> Member Address _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name _____</p> <p><input type="checkbox"/> Member Address _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager Name _____</p> <p><input type="checkbox"/> Member Address _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>Person _____</p> <p><input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____</p>
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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 605.0205 (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.

5

Signature of an authorized person

Sergio Varela as President

Typed or printed name of signer

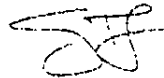
STATEMENT OF RELEASE OF NAME RIGHTS

Sergio Varela (the "Affiant") deposes and states the following:

1. Affiant is the Chief Financial Officer of South Mill Mushrooms LLC, a Florida limited liability company assigned Document Number 1.21000199109 (the "Dissolved Company") and has personal knowledge of the business and operations of the Dissolved Company.
2. Affiant is the President of South Mill Mushroom LLC, a Delaware limited liability company (the "Delaware Company").
3. On August 1, 2024, the Dissolved Company filed Articles of Dissolution with the Florida Department of State in order to voluntarily dissolve the Dissolved Company.
4. The Affiant will be qualifying the Delaware Company to transact business in Florida.
5. The Dissolved Company hereby releases any rights the Company may have to the name "South Mill Mushrooms LLC" agrees that it will not revoke the dissolution, and consents to the adoption of the name "South Mill Mushroom LLC" by the Delaware Company.
6. This Statement is being made to induce the Florida Department of State to permit the Delaware Company to qualify to transact business in Florida.

Dated August 2, 2024.

SOUTH MILL MUSHROOMS LLC



By: _____
Print Name: Sergio Varela
Title: Chief Financial Officer and
Authorized Representative

Delaware

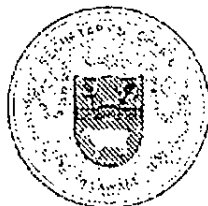
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOUTH MILL MUSHROOM 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 FIRST DAY OF AUGUST, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOUTH MILL MUSHROOM LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2017.

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



6386103 8300

SR# 20243301130

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

Authentication: 204066662

Date: 08-01-24