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(City/State/Zip/Phone #)

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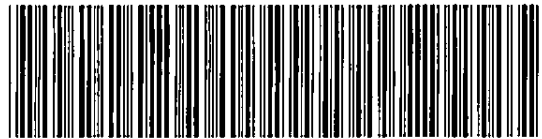
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TALLAHASSEE, FLORIDA

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M. SOLOMON

AUG - 8 2024

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Newman's Larsen Farms 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:

Gina Romrell
Name of Person

Newman's Larsen Farms
Firm/Company

PO Box 143
Address

Dubois, Idaho 83423
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Gina Romrell at 208, 374-5660
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. Newman's Larsen Farms 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. Idaho 3. 99-3908846
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. August 1, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 10 Kilgore Road 6. PO Box 143
(Street Address of Principal Office) (Mailing Address)

Dubois, Idaho 83423 Dubois, ID 83423

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

Name: Angele Martin

Office Address: 270 W CR 466

Oxford, Florida 34484
(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.

Angele Martin
(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: Lane Newman

☒ Member Address: 4125 Hwy 22

☐ Authorized _____

Person Montevieu, ID 83435

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Lewis Newman

☒ Member Address: 2960 N 800 E

☐ Authorized _____

Person Montevieu, Idaho 83435

☐ Other _____ ☐ Other _____

☐ Manager Name: Gina Romrell

☐ Member Address: PO Box 143

☒ Authorized _____

Person Dubois, ID 83423

☐ Other _____ ☐ Other _____

☐ Manager Name: Ivy Nasgovitz

☐ Member Address: 35042 Co Rd 437

☒ Authorized _____

Person Eustis, FL 32736

☐ Other _____ ☐ Other _____

☐ Manager Name: Angel Martin

☐ Member Address: 270 W CR 466

☒ Authorized _____

Person Oxford, FL 34484

☐ 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.

Angela Martin
Signature of an authorized person

Angela Martin
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

August 8, 2024

Request Type: Certificate of Existence/Filing

Request #: 0005852003

Receipt #: 001021488

Issuance Date: 08/08/2024

Copies Requested: 0

Regarding: Newman's Larsen Farms LLC

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 06/30/2024

Status: Active-Existing

Duration Term: Perpetual

File # : 5792610

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

Newman's Larsen Farms LLC

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

Idaho Secretary of State

Processed By: Business Division

Verification #: 030087423



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 7, 2024

GINA ROMRELL
PO BOX 143
DUBOIS, ID 83423 US

SUBJECT: NEWMAN'S LARSEN FARMS, LLC
Ref. Number: W24000111102

We have received your document for NEWMAN'S LARSEN FARMS, LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Ariel Jones
Regulatory Specialist II

Letter Number: 624A00017425