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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

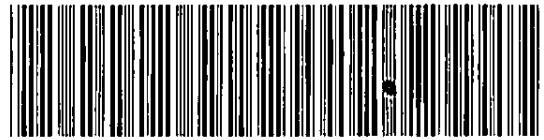
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2021 OCT -8 PM 4:53

Catherine Roote
DIRECT 256.512.5712
EMAIL CRoote@maynardnexsen.com



October 3, 2024

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

**Re: Farm and Forest Brokers, LLC
Foreign Registration**

Dear Sir or Madam:

Please find enclosed an original and one copy of Farm and Forest Brokers, LLC's Application by Foreign Limited Liability Company for Authorization to Transaction Business in Florida for filing, along with a copy of the Certificate of Existence. I have also enclosed the firm check in the amount of \$125.00 for your filing fees.

Please file and return a file-marked copy to us in the enclosed Federal Express envelope.

Thank you for your assistance in this matter. If you have any questions, please do not hesitate to contact me directly at (256) 512-5732.

Sincerely,

Catherine Roote

/cr
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Farm and Forest Brokers, 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:

Catherine Roote

Name of Person

Maynard Nexsen PC

Firm/Company

655 Gallatin Street SW

Address

Huntsville, AL 35801

City/State and Zip Code

rickbourne1445@yahoo.com

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

For further information concerning this matter, please call:

Catherine Roote

256

512-5732

at (_____)

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. Farm and Forest Brokers, 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. Alabama

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

3.

(FEI number, if applicable)

4.

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

2244 Sherman Huey Road

5. (Street Address of Principal Office)

2244 Sherman Huey Road

6.

(Mailing Address)

Centreville, AL 35042

Centreville, AL 35042

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

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

(City)

, Florida

33324

(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.



David Westcott, Assistant Secretary

(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:**

☒ Manager Name: Richard J. Bourne

☒ Member Address: 1039 Hollyhill Rd

☐ Authorized Greenville, AL 36037

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Jonathan Goode

☒ Member Address: 2244 Sherman Huey Road

☐ Authorized Centreville, AL 35042

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.



Richard J. Bourne

Signature of an authorized person

Richard J. Bourne

Typed or printed name of signer

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IN FLORIDA

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Alabama

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

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(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

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2244 Sherman Huey Road

5. (Street Address of Principal Office)

6. (Mailing Address)

Centreville, AL 35042

Centreville, AL 35042

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Name: C T Corporation System

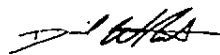
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Plantation, Florida 33324
(City) (Zip code)

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David Westcott, Assistant Secretary

(Registered agent's signature)

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☒ Member Address: 1039 Hollyhill Rd
☐ Authorized Greenville, AL 36037
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
Person
☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Jonathan Goode
☒ Member Address: 2244 Sherman Huey Road
☐ Authorized Centreville, AL 35042
Person
☐ Other ☐ Other


☐ Manager Name: _____
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☐ Authorized _____
Person
☐ Other ☐ Other

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☐ Authorized _____
Person
☐ Other ☐ Other

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Rick Bourne (Oct 2, 2024 1:05 CDT)

Signature of an authorized person

Richard J. Bourne

Typed or printed name of signer

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Farm and Forest Brokers, LLC
was formed in Alabama on October 1, 2024. The Alabama Entity Identification
number for this entity is 001-156-652. I further certify that the records do not
disclose that said entity has been dissolved, cancelled or terminated.



20241002000012190

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

10/02/2024

Date

Wes Allen

Secretary of State