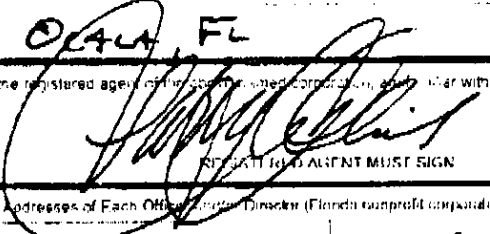


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 03 APR 14 AM 8:34 SECRETARY OF STATE TALLAHASSEE, FL 32304												
DOCUMENT # 1. Corporation Name P-00000074938 LORRAINE FARM SUPPLY, INC														
2. Principal Office Address 9226 N. US Hwy 27 Suite, Apt. #, etc.		3. Mailing Office Address 9226 N. US Hwy 27 Suite, Apt. #, etc.												
City & State Ocala, FL Zip 34482 Country USA		City & State Ocala, FL Zip 34482 Country USA												
4. Date Incorporated or Qualified To Do Business in Florida 7/3/00 5. FFS Number 59-366-2065 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ \$4.75 Additional Fee required for a Certificate of Status														
7. Name and Address of Current Registered Agent Name LARRY COLLINS Street Address (P.O. Box Number is Not Acceptable) 202 S. MAGNOLIA, SUITE 3 Suite, Apt. #, Etc. City Ocala, FL State FL Zip Code 34474														
8. I, being appointed the registered agent of this corporation, do hereby agree with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Date 4/3/03 IF APPLICABLE, AGENT MUST SIGN														
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>H. Michael Reilly Jr.</td> <td>584 Webster St</td> <td>Rockland MA 02370</td> </tr> <tr> <td>V.P.</td> <td>H. Michael Reilly Sr.</td> <td>9226 N.W. Hwy 27</td> <td>Ocala FL 34482</td> </tr> </tbody> </table>			Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Pres	H. Michael Reilly Jr.	584 Webster St	Rockland MA 02370	V.P.	H. Michael Reilly Sr.	9226 N.W. Hwy 27	Ocala FL 34482
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V.P.	H. Michael Reilly Sr.	9226 N.W. Hwy 27	Ocala FL 34482											
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this incorporation application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:  H. Michael Reilly Sr. 4/8/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year														

(352) 622-2214

Per conversation didn't receive notice in 2001