Document Number Only 00000000543 C T CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address 32301 (850)222-1092 Tallahassee, FL 700003175807--4 Phone Zip State City -03/20/00--01091--019 ****125.00 ****125.00 CORPORATION(S) NAME () Profit () Merger () Amendment **_**NonProfit Limited Liability Company () Dissolution/Withdrawal () Mark () Other () Annual Report) Limited Partnership () Change of R.A. () Reservation () Reinstatement () Fictitious Name () Limited Liability Partnership () CUS () Photo Copies () Certified Copy () After 4:30 () Call if Problem () Call When Ready () Pick Up ≀') Will Wait () Walk In () Mail Of PLEASE RETURN EXTRA COPY(S) Name Avallability FILE STAMPED THANKS Document Examiner, LAURA EARNEST Updater Verifler Acknowledgeser 03:1 M9 05 AAM 00

W.P. Verifler

CR2E031 (1-89)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Agriliano	(Name of foreign limited liability company)			
Delaware	3 41-1961003			
(Jurisdiction under the company is organized	2. 41-1961003 The law of which foreign limited liability (FEI number, if applicable)	;)		
01/05/00 (Date	of Organization) 5. Perpetual (Duration: Year limited liability comparexist or "perpetual")	ny will cease to		
upon qualific	ation first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.	S.)		
5500 Cenex Dri	ve Inver Grove Heights, MN 55077	OO MA SECRE		
	(Street address of principal office)	15 A 2		
If limited liability company is a manager-managed company, check here				
The usual busine	ss addresses of the managing members or managers are as follows:	2: 46 STATE LORID		
See attached	list.			
	al certificate of existence, no more than 90 days old, duly authenticated by the official hav			
	law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fore te under oath of the translator must be submitted.)	ign language, a		
. Nature of busin	ess or purposes to be conducted or promoted in Florida: Sale of fertilizer	r and agronomy		
products	Signature of a member or an authorized representative of a member.			

Last Update: 1/13/00

Agriliance LLC

Members

Name

<u>Address</u>

United Country Brands LLC

5500 Cenex Drive

Inver Grove Heights, MN 55077

Land O'Lakes, Inc.

4001 Lexington Avenue North

Arden Hills, MN 55126

Management Committee

<u>Name</u>

<u>Address</u>

John D. Johnson

Cenex Harvest States Cooperatives

5500 Cenex Drive

Inver Grove Heights, MN 55077

Robert Honse

Farmland Industries, Inc. 3315 North Oak Trafficway

Kansas City, MO 64116-0005

Jack Gherty

Land O'Lakes, Inc.

4001 Lexington Avenue North

Arden Hills, MN 55126

Duane Halverson

Land O'Lakes, Inc.

4001 Lexington Avenue North Arden Hills, MN 55126

Officers

Name

Address

Al Giese, Co-President

Agriliance LLC

5500 Cenex Drive

Inver Grove Heights, MN 55077

Stan Riemann, Co-President

Agriliance LLC

5500 Cenex Drive

Inver Grove Heights, MN 55077

(Others yet to be named)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1 The name of the Limited Liability Company is:

	Agriliance LLC			=	, 	
2. T	ne name and the Florida street ad	dress of the registe	ered agent and office are:	SECRETAR))0 MAR 20	
	C T Corporation System			EE.	PH	C
		(Name)		FLOR	2: 4	
	c/o C T Corporation Syste	m, 1200 South Pine Is	sland Road	TATE	on	
		et address (P.O. Box			•	•
	Plantation	FL 3	3324			
		City/State/Zi	ip			

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

C T Corporation System

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "AGRILIANCE 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 ELEVENTH DAY OF FEBRUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE
NOT BEEN ASSESSED TO DATE.

Edward J. Freel, Secretary of State

AUTHENTICATION:

0253642

001070866

3154366 "8300

DATE:

02-11-00