



B01600000402

ACCOUNT NO. : 072100000032

REFERENCE : 445115 7165873

AUTHORIZATION : *Patricia Piziti*

COST LIMIT : \$ 87.50

FILED
01 NOV 20 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 15, 2001

ORDER TIME : 3:07 PM

ORDER NO. : 445115-010

CUSTOMER NO: 7165873

CUSTOMER: Ms. Konnie Smith
Opus Corporation
10350 Bren Road West

Minnetonka, MN 55343

200004691882--5

FOREIGN FILINGS

NAME: AGFOODS LIMITED PARTNERSHIP

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward -- EXT# 1135 **BK**

EXAMINER: _____

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01 NOV 21 PM 4:34
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. AgFoods Limited Partnership

(Name of limited partnership as it is in the home state)

2. _____

(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida;
must contain the word "LIMITED" or "LTD.")

3. Delaware

(State of Formation)

4. July 23, 2001

(Date of Formation)

5. Corporation Service Company

(Name of Registered Agent for Service of Process)

6. 1201 Hays Street

(Street Address of Registered Office)

Tallahassee

(City)

Florida 32301

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Corporation Service Company

By: _____

(Agent must sign on this line)

8. Corporation Service Company, 2711 Centerville Road, Suite 400, Wilmington

Delaware 19808

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

Opus Estates Corporation

10350 Bren Road West
Minnetonka, MN 55343

FUL000006038

10. 10350 Bren Road West, Minnetonka, MN 55343

(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

12,10350 Bren Road West, Minnetonka, MN 55343

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 14th day of November, 2001.

Opus Estates Corporation

By: Luz Campa

General Partner

Luz Campa, Vice President

STATE OF MINNESOTA

COUNTY OF HENNEPIN

On this 14th day of November, 2001.

Luz Campa, as Vice President of Opus Estates Corporation, the General Partner, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

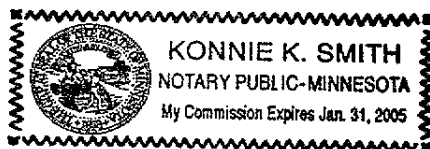
Konnie K. Smith
(Notary Public Signature)

Konnie K. Smith

(Notary's Printed Name)

Seal

My Commission Expires: _____



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared Luz Campa, Vice President of Opus Estates Corporation, a general partner of AgFoods Limited Partnership, a (an) Delaware limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 99.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 99.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 14th day of November, 2001.

Opus Estates Corporation, General Partner

By: Luz Campa

General Partner

Luz Campa, Vice President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF MINNESOTA

COUNTY OF HENNEPIN

On this 14th day of November, 2001,

Luz Campa, Vice President of Opus Estates Corporation, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Konnie K. Smith
(Notary Public Signature)

Konnie K. Smith
(Notary's Printed Name)

Seal

My Commission Expires: _____

