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	Fax Number	: (850)617-6383			
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FLORIDA/FOREIGN LP/LLLP

Phosphate Acquisition Partners L.P.

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	LIMITED LIABILITY TO TRANSACT I	GN LIMITED PARTNERSHIP OR Y LIMITED PARTNERSHIP BUSINESS IN FLORIDA	
1. Phosphate Acquisi			
Acceptable Limited I	Partnership suffixes: Limited Partnership, .	Limited Partnership, which must include suffix) Limited, L.P., LP, or Ltd. ited Liability Limited Parmership, L.L.L.P. or LLLP.	
If name unavailable		or limited liability limited partnership proposes to register to ust contain acceptable suffix.	trans
2. Delaware		3. February 24, 2004	
St	ate or Country of Formation	3. February 24, 2004 Date of Formation	
4. Federal Employe	r Identification Number: 72-1067072		
	ed Agent for Service of Process and Flor	ida Street Address:	
C T Corporation Sys	-		
1200 South Pine Isla	nd Road	SECKE TARY	
	······································	EC 23	: j
Plantation, Florida 3	3324	SEE 23	
 I hereby accept th of all statutes rela my position as reg 	ntive to the proper and complete performant istered agent. By: C T Corpor	the to act in this capacity. I further agree to comply with the process of my duties, and I am familiar with anti-accept the obligation ation System (M) J J James M. Halpin Assistant Secretary	ovis Ons c
		Pagistaned Aleant	
7 Daiasiasi Offices		Registered Agent	
7. Principal Office:	8	Mailing Address:	
101 East Kennedy B	8 Soulevard, Suite 2500	Mailing Address: 101 East Kennedy Boulevard, Suite 2500	
-	8 Soulevard, Suite 2500	Mailing Address:	
101 East Kennedy B Tampa, FL 33602	8 Soulevard, Suite 2500	Mailing Address: IOI East Kennedy Boulevard, Suite 2500 Fampa, FL 33602	
101 East Kennedy B Tampa, FL 33602 9. If limited partner	8 Joulevard, Suite 2500	Mailing Address: 101 East Kennedy Boulevard, Suite 2500 Fampa, FL 33602 whip, check box.	
 101 East Kennedy B Tampa, FL 33602 9. If limited partner 10. Name, principal 	soulevard, Suite 2500	Mailing Address: 101 East Kennedy Boulevard, Suite 2500 Fampa, FL 33602 ship, check box. ach general partner:	
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 101 East Kennedy B Tampa, FL 33602 9. If limited partner 10. Name, principal 	soulevard, Suite 2500 rship is a limited liability limited partner l office address, and mailing address of e Partner:	Mailing Address: 101 East Kennedy Boulevard, Suite 2500 Fampa, FL 33602 ship, check box. ach general partner:	
 101 East Kennedy B Tampa, FL 33602 9. If limited partner 10. Name, principal Name of General Street Address: 	soulevard, Suite 2500 rship is a fimited liability limited partner i office address, and mailing address of e Partner: PRP-GP LLC 101 East Kennedy Boulevard, Suite 2500 Tampa, FL 33602 101 East Kennedy Boulevard Suite 2500	Image: Registered Agent Image: Particle Particle Partner: Image: Mailing Address: Image: Partner Partner: Image: Partner Partner: Image: Partner Partner: Image: Partner Partner: Image: Partner Partner: Image: Partner Partner Partner: Image: Partner P	
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Name of General Partner:	Name of General Partner:
Street Address:	Street Address:
Mailing Address:	Mailing Address:
 11. Effective date, if other than the date of filing:	ate this document is filed by the Florida Department of State.) statutory filing requirements, this date will not be listed as the te than 90 days prior to the delivery of this application to the ial having custody of the entity's records in the jurisd from under

The individual signing this document affirms that the facts stated herein are true and the individual is aware that 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.

Filing Fees: Certified Copy (optional): Certificate of Status (optional): \$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PHOSPHATE ACQUISITION PARTNERS L.P." 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 TWENTY-THIRD DAY OF DECEMBER, A.D. 2019.

	AND	I	DO	HEREBY	FURTHER	CERTIFY	THAT	THE	ANNUAL	TAXES HAV		EN
PAI	D TO				FORMER	CENTIFI	1		ANNOLD	CRETARY OF STATE	0EC 23 PM 4: 42	
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