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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT: Agri Producers Management Co., Inc.

MJH

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the foll

400003412024-2
10/03/00-01008-024
*****70.00 *****70.00

R. L. Mawhorter

(Name of Person)

Agri Producers Management Co., Inc.

(Firm/Company)

111 East Fourth Street

(Address)

Alton, Illinois 62002

(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -2 PM 2:47

Should you need to call someone concerning this matter, please call:

R. L. Mawhorter

(Name of Person)

at (618) 463-3636

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Agri Producers Management Co., Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Texas 3. 75-2471122
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 11, 1993 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. a. 6825 Manhattan Boulevard, Suite 103, Fort Worth, Texas 76120
(Principal office address)
- b. 6825 Manhattan Boulevard, Suite 103, Fort Worth, Texas 76120
(Current mailing address)
8. insurance agency operation
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)
- Name: C T Corporation System
- Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

attached
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

ACCEPTANCE OF APPOINTMENT

RE: **AGRI PRODUCERS MANAGEMENT CO., INC. (Texas Domestic)**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: August 31, 2000

C T CORPORATION SYSTEM

By

A handwritten signature in black ink, appearing to read 'J. Miles', is written over a horizontal line.

Jonathan L. Miles,
Assistant Secretary

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Bill M. Morrison

Address: 6429 Stone Creek Terrace
Fort Worth, Texas 76137

Vice Chairman: _____

Address: _____

Director: Brian P. Thompson

Address: 6825 Manhattan Boulevard, Suite 103
Fort Worth, Texas 76120

Director: _____

Address: _____

B. OFFICERS

President: Bill M. Morrison

Address: 6429 Stone Creek Terrace
Fort Worth, Texas 76137

Vice President: _____

Address: _____

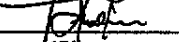
Secretary: Brian P. Thompson

Address: 6825 Manhattan Boulevard, Suite 103
Fort Worth, Texas 76120

Treasurer: Bill M. Morrison

Address: 6429 Stone Creek Terrace
Fort Worth, Texas 76120

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Brian P. Thompson, Assistant Vice President, Secretary & Manager
(Typed or printed name and capacity of person signing application)



The State of Texas

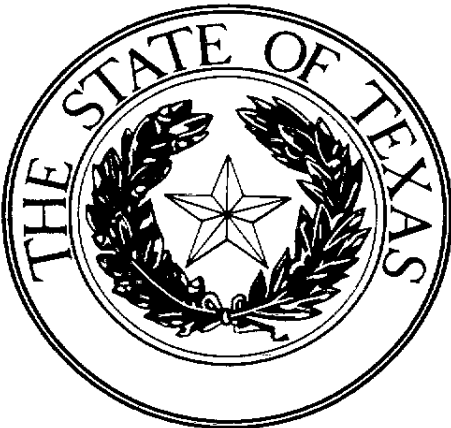
SECRETARY OF STATE

IT IS HEREBY CERTIFIED that
Articles of Incorporation of

AGRI PRODUCERS MANAGEMENT CO., INC.
File No. 1263483-0

were filed in this office and a certificate of incorporation was issued to this corporation,
and no certificate of dissolution is in effect and the corporation is currently in existence.

*IN TESTIMONY WHEREOF, I have hereunto
signed my name officially and caused to be
impressed hereon the Seal of State at my office in
Austin, Texas on September 8, 2000.*




DLM

Elton Bomer
Secretary of State