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SECRETARY OF STATE

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## **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: Agri Nomix Inc.  (Name of corporation - must include suffix)	<del></del>
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florid "Certificate of Existence," and check are submitted to register the above referenced foreign corpora transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Ann Jones  (Name of Person)  Agri Nomix Inc  (Firm/Company)  300 Creekside Drive  (Address)  Oberlin OH 44074  (City/State and Zip code)	
(Name of Person)	
Agri Nomix Inc	·
(Firm/Company)	
300 Creekside Drive	<b></b>
(Address)	2005 SEC
Oberlin OH 44074	in a
(City/State and Zip code)	1 30 TARY
For further information concerning this matter, please call:	TO T
Ann M Jones at (440, 6695365 (Name of Person) (Area Code & Daytime Telephone Number)	2: 3 STATE STATE
(Name of Person) (Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing 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 & \$78.75 Filing Fee & \$87.50 Filing Fee Certificate of Status Certified Copy Certified Copy	Status &



October 31, 2006

ANN JONES / AGRINOMIX, INC. 300 CREEKSIDE DR. OBERLIN, OH 44074

SUBJECT: AGRINOMIX INC. Ref. Number: W06000047683

We have received your document for AGRINOMIX INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis Document Specialist

Letter Number: 506A00064421

-	·	adopted for the purpose of transacting business in Florida	1)
2. (State or country	OH 3.	34-1754639 (FEI number, if applicable)	_
). (Dat	e of incorporation)	Devocioni Year corp. will cease to exist or "perpetual"	<del>-</del>
<b>5</b>			
	(Date first transacted business in	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
. <i>3</i> 00	Creekside Dr. ohe	who of Hunth	
	(Principal office addr	ess)	_
300	Creekside Dr Obe (Principal office addr Creekside Dr Ob	erlin of 44074 \$	
	(Current mailing addr	ess)	286 3FC
		ricultural equipments untry to be carried out in state of Florida)	OCT 30
. Name and stre	et address of Florida registered agent: (P.O.		ਜੋ <b>ਜ</b> ਾ
Name:	JOHN HARDIMAN		412 42 6
Office Address:	15710 Highway &	27 Lot 18	ATT 35
	15710 Highway & Lake Wales	Florida 33859	<i>S</i> 1
	(City)	(Zip code)	
laving been nan esignated in this	application, I hereby accept the appointment	e of process for the above stated corporation at the ent as registered agent and agree to act in this cap lative to the proper and complete performance of n	activ. I

11. Attached is a constituent 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.

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12. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: Kobert N Lando
Address: 7028 Morning Dove Lane SSE W F
Olmsted TWP OH 44138
Vice President JULIA K. LANDO
Address: 7028 MORNING DOVE LANE
OLMSTED TWP OH 44138
Socretary: JULIA K. LANDO
Address: 7028 MORNING DOVE LANE DLASTED TWP, OH 4413
Treasurer: ROBFRT N. LANDO
Address: 7028 MORNING DOVELANE OLMSTED TWP, OH 44138
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. France Orestent:
(Signature of Director or Officer listed in number 12 of the application)
14.   COBERT N. LANDO President (Typed or printed name and capacity of person signing application)
(1) here on benuter name sum exhants or hereon 218mms submication)

## United States of America State of Ohio Office of the Secretary of State

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show AGRINOMIX, INC., an Ohio corporation, Charter No. 857425, having its principal location in Oberlin, County of Lorain, was incorporated on November 16, 1993 and is currently in GOOD STANDING upon the records of this office.

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 3rd day of October, A.D. 2006

**Ohio Secretary of State** 

Validation Number: V2006276019A72