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| (Re                     | equestor's Name)   |           |
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|                         |                    |           |
| (Cit                    | ty/State/Zip/Phone | : #)      |
| PICK-UP                 | WAIT               | MAIL      |
|                         |                    |           |
| (Bu                     | siness Entity Nam  | ne)       |
|                         | -                  |           |
|                         | cument Number)     |           |
| (50                     | odinent Number,    |           |
|                         |                    |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
| , -,                    |                    |           |
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T. Buren OCI SZEE

## **COVER LETTER**

| TO: New Filing Section Division of Corporations                                                                                         |                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| SUBJECT: AgraGate Climate C                                                                                                             | redits Corporation                                                                                              |
| (Name of corpo                                                                                                                          | oration - must include suffix)                                                                                  |
| Dear Sir or Madam:                                                                                                                      |                                                                                                                 |
|                                                                                                                                         | n for Authorization to Transact Business in Florida," d to register the above referenced foreign corporation to |
| Please return all correspondence concerning this m                                                                                      | natter to the following:                                                                                        |
| Erika Horstmann                                                                                                                         |                                                                                                                 |
| (Nan                                                                                                                                    | ne of Person)                                                                                                   |
| Parkers, Simons & McNeill, F                                                                                                            | P.L.C.                                                                                                          |
| (Firn                                                                                                                                   | n/Company)                                                                                                      |
| 5400 University Avenue                                                                                                                  |                                                                                                                 |
| (                                                                                                                                       | Address)                                                                                                        |
| West Des Moines, IA 50266                                                                                                               |                                                                                                                 |
| (City/S                                                                                                                                 | tate and Zip code)                                                                                              |
| For further information concerning this matter, plea                                                                                    | ase call:                                                                                                       |
| Erika Horstmann at 6                                                                                                                    | 15 <sub>1</sub> 225-5478                                                                                        |
|                                                                                                                                         | rea Code & Daytime Telephone Number)                                                                            |
|                                                                                                                                         |                                                                                                                 |
| 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 & Certificate of Status                                                                           | \$78.75 Filing Fee & X \$87.50 Filing Fee, Certified Copy Certified Copy Certified Copy                         |

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

| (Enter name of c "Inc.," "Co.," "C | e Climate Credits Corpororation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.") | D," "COMPANY," "CORPORATION,"                                                                                                                                                                             | THE PHE TO |
|------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| lowo                               | able in Florida, enter alternate corporate nam                                             | e adopted for the purpose of transacting business in Florida                                                                                                                                              | i)''       |
| 2. (State or country               | under the law of which it is incorporated)                                                 | (FEI number, if applicable)                                                                                                                                                                               | <u> </u>   |
| <sub>4</sub> 1/3/1997              | • •                                                                                        | perpetual                                                                                                                                                                                                 |            |
| т                                  | of incorporation)                                                                          | (Duration: Year corp. will cease to exist or "perpetual"                                                                                                                                                  | ')         |
| 6.                                 |                                                                                            |                                                                                                                                                                                                           |            |
|                                    |                                                                                            | in Florida, if prior to registration) 1502, F.S., to determine penalty liability)                                                                                                                         |            |
| 5400 Uni                           | versity Avenue, West D                                                                     | • •                                                                                                                                                                                                       |            |
| 7. 0400 0111                       | (Principal office ad                                                                       | ·                                                                                                                                                                                                         | _          |
| 5400 Uni                           | versity Avenue, West D                                                                     | •                                                                                                                                                                                                         |            |
| .5.100.010                         | (Current mailing ad                                                                        |                                                                                                                                                                                                           |            |
|                                    | sequestration and relate                                                                   |                                                                                                                                                                                                           | _          |
| , - ,                              | •                                                                                          | •                                                                                                                                                                                                         |            |
| 9. Name and stree                  | t address of Florida registered agent: (P.                                                 | O. Box NOT acceptable)                                                                                                                                                                                    |            |
| Name:                              | CT Corporation System                                                                      |                                                                                                                                                                                                           |            |
| Office Address:                    | 1200 South Pine Island Rd.                                                                 |                                                                                                                                                                                                           |            |
|                                    | Plantation                                                                                 | , Florida 33324                                                                                                                                                                                           |            |
|                                    | (City)                                                                                     | (Zip code)                                                                                                                                                                                                |            |
| Having been nam                    | application, I hereby accept the appoint                                                   | vice of process for the above stated corporation at the<br>tment as registered agent and agree to act in this cap<br>relative to the proper and complete performance of t<br>osition as registered agent. | acity. I   |

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.

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

| A. DIRECTORS                                                                                             |            |               |
|----------------------------------------------------------------------------------------------------------|------------|---------------|
| Chairman: James G. Christenson                                                                           |            |               |
| Address: 5400 University Avenue                                                                          | <b>石</b> 語 | 2009          |
| West Des Moines, IA 50266                                                                                |            | 90 7          |
| Vice Chairman: David J. Lyons                                                                            | <u> </u>   | -b [          |
| Address: 5400 University Avenue                                                                          | <u> </u>   | ₹ 5           |
| West Des Moines, IA 50266                                                                                |            | <del>f:</del> |
| Director: David G. Senpiel                                                                               | E •        | S             |
| Address: 5400 University Avenue                                                                          |            |               |
| West Des Moines, IA 50266                                                                                |            |               |
| Director: SEE ATTACHED CONTINUED LIST                                                                    |            |               |
| Address:                                                                                                 | ,          |               |
|                                                                                                          |            |               |
| B. OFFICERS                                                                                              |            |               |
| President: James G. Christenson                                                                          |            |               |
| Address: 5400 University Avenue                                                                          |            |               |
| West Des Moines, IA 50266                                                                                |            |               |
| Vice President: David J. Lyons                                                                           |            |               |
| Address: 5400 University Avenue                                                                          |            |               |
| West Des Moines, IA 50266                                                                                |            |               |
| Secretary: Dave Sengpiel                                                                                 |            |               |
| Address: 5400 University Avenue, West Des Moines, IA 50266                                               |            |               |
| Treasurer: Dave Sengpiel                                                                                 |            |               |
| Address: 5400 University Avenue, West Des Moines, IA 50266                                               |            |               |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or dis | rectors.   |               |
| (Signature of Director or Officer listed in number 12 of the application)                                |            |               |
| James G. Christenson, President                                                                          |            |               |

(Typed or printed name and capacity of person signing application)

### **OFFICERS & DIRECTORS (CONTINUED)**

David R. Krog

David A. Miller

5400 University Avenue

West Des Moines, IA 50266

5400 University Avenue West Des Moines, IA 50266

Chief Science Officer

Chief Executive Officer

1000 OCT -6 PN 4: I Secretary of Stat Milarity for the control

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### **IOWA SECRETARY OF STATE MICHAEL A. MAURO**



Date: 07/23/2008

#### **CERTIFICATE OF EXISTENCE**

Name: AGRAGATE CLIMATE CREDITS CORPORATION (490 DP - 202381)

Date of Incorporation: 1/3/1997

Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS22518

To validate this certificate please visit the following web site and enter the certificate ID.

www.sos.state.ia.us/ValidateCertificate

ugoel A. M

MICHAEL A. MAURO **SECRETARY OF STATE**