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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222~1092 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email	Address:						_

### FOREIGN PROFIT/NONPROFIT CORPORATION

The Mosaic Company Certificate of Status Certified Copy 0

Page Count 04 Estimated Charge \$70.00

11 OCT 14 PM 1: 39

#### 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. The Mossic Co			
(Enter name of "Inc.," "Co.,"	corporation; must include "INCORPORAT" Corp, ""Inc, ""Co," or "Corp.")	ED	," "COMPANY," "CORPORATION,"
	ompany, a crop nutrition company		
	aliabio in Piorida, enter alternate corporate na	ame	adopted for the purpose of transacting business in Florida)
2. Delaware	and a death of the fact of the	_ 3.	(PEI number, if applicable)
	y under the law of which it is incorporated)		
4. March 25, 200		5.	Perpetual
(Dar	te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")
6. May 25, 2011			
			n Florida, if prior to registration) 502, F.S., to determine ponalty liability)
7. 3033 Campus D	Drive, Suite E490, Plymouth, Minnesota 554	141	
	(Principal office	add	ross)
3033 Campus D	rive, Suite E490, Plymouth, Minnesota 554	41	
	(Current malling	add	ross)
8. To engage in a	ny and all lawful acts permitted by law.  (s) of corporation authorized in home state of		
(Purposet	(s) of corporation authorized in home state of	1, 00	ountry to be carried out in state of Florida)
9. Name and <u>stre</u>	et address of Florida registered agent: (	P.C	). Box NOT acceptable)
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
	Plantation		, Florida
	(City)		(Zip code)
	,		
	igent's acceptance: wad ac racistared agent and to accept se	rel	ce of process for the above stated corporation at the place
			nent as registered agent and agree to act in this capacity.
			clative to the proper and complete performance of my dut
and I am familia	r with and accept the obligations of my . C TrCorporation System	po:	<u> </u>
	C description System		Michele Miller
Ву:	A kinhili A/A/a	Л	Assistant Secretary

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.

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11 OCT 14 PM 1:39

## 12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: \_ Vice Chairman: Address: Director: Director: \_ Address: B. OFFICERS Prosident: James T. Prokopanko Address: 3033 Campus Drive, Suite B490 Plymouth, MN 55441 Vice President; Richard L. Mack (Executive Vice President) Address: 3033 Campus Drive, Suite E490 Plymouth, MN 55441 Secretary: Richard L. Mack Address: 3033 Campus Drive, Suin B490, Plymouth, MN 55441 Treasurer: Kevin P. Brindley Address: 3033 Compus Drive, Suite B490, Plymouth, MN 55441 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated berein are true and that he or she 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. 14 Richard L. Mack, Executive Vice President, General Counsel and Corporate Secretary

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

A CONTROL OF THE PROPERTY OF T

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# Delaware

11 OCT 14 PM 1:38

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "THE MOSAIC COMPANY" IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN
GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE
RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF
OCTOBER, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

3782550 8300

111102668

AUTHENTICATION: 9093778

DATE: 10-14-11

You may verify this certificate dails: at corp.delaware.gov/authver.shtml