

F11000004869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

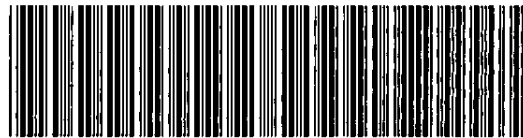
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WH-58137

Office Use Only



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11/14/11--01034--007 **70.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

11 DEC -5 PM 5:53

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AND
FILED

WH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AGRI-KING NUTRITION INC

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," or "Certificate of Good Standing" 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 following:

Jennifer Houzenga

Name of Person

Agri-King Nutrition Inc

Firm/Company

18246 Waller Road; PO Box 229

Address

Fulton, IL 61252

City/State and Zip code

Christine.Robertson@agriking.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Houzenga

Name of Person

at (815) 589-2525 Ext 273

Area 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 &
Certified Copy

\$87.50 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2011

JENNIFER HOUZENGA
18246 WALLER ROAD: PO BOX 229
FULTON, IL 61252

SUBJECT: AGRI-KING NUTRITION INC.
Ref. Number: W11000058137

We have received your document for AGRI-KING NUTRITION 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):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$800.00.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 011A00025975

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-King Nutrition Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 06-1666513
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/19/2002 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 11/03/11
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 18246 Waller Road; Fulton, IL 61252
(Principal office address)

PO Box 229; Fulton, IL 61252
(Current mailing address)

8. hired salesman in FL who will work out of home selling personalized livestock feeding programs
(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 NOT acceptable)

Name: Roger Harmelink

Office Address: 7309 SW 20th St.

Bell, Florida 32619
(City) (Zip code)

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TALLAHASSEE, FLORIDA
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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.

Roger L. Harmelink
(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.

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

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AND
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A. DIRECTORS

Chairman: Please See Attachment

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Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Michael R. Hanrahan _____

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 herein 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. Michael R. Hanrahan VP of Admin & Finance _____

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



APPROVED
AND
FILED

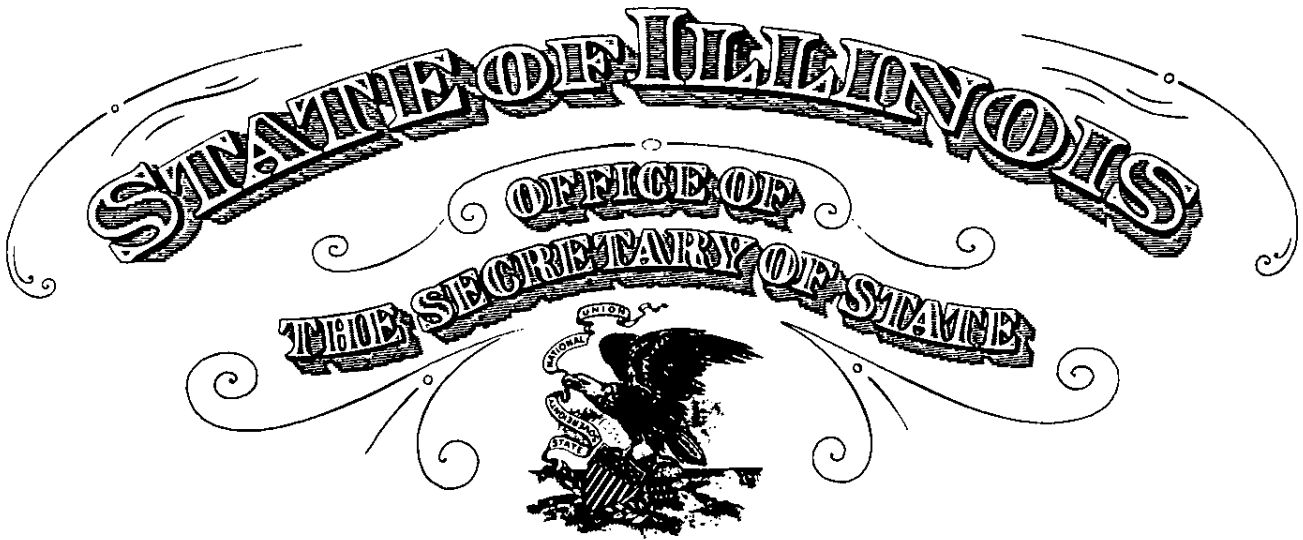
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18246 Waller Road
P.O. Box 208 • Fulton, IL 61252-0208

SECRET
Personalized All-Season Feeding Programs
ALLIANCE, FLORIDA

AGRI-KING, INC. OFFICERS AND DIRECTORS

Clark W. Curley	Dir/CEO	828 Middle Road, Fulton, IL 61252
Eric F. Schwarz	Director	458 Oleander Way, Hardeeville, SC 29927
Dr. Gbenga Ayangbile	Dir/Officer	20762 Cattail Road, Fulton, IL 61252
Michael R. Hanrahan	Dir/Treasurer	811 16th Street, Fulton, IL 61252
Lila Ritchie	Dir/Secretary	12322 S Shoshoni Drive, Phoenix, AZ 85044
Terrance J. Callahan	Dir/President	2710 Willadsen Drive, Clinton, IA 52732
Dr. David Casper	Officer	18 Rose Lane, Fulton, IL 61252



To all to whom these Presents Shall Come, Greeting:

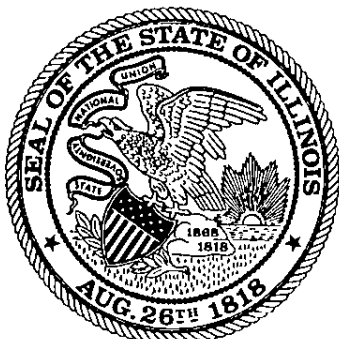
I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

AGRI-KING NUTRITION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 19, 2002, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FILED



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH day of NOVEMBER A.D. 2011

Jesse White