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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT:	Name of corporat	GCG:n Explion - must include suffix	Dress, Inc.		
Dear S	Sir or Madam:					
"Certif	ficate of Existen	tion by Foreign Corporation to ce," or "Certificate of Good S gn corporation to transact bus	tanding" and check are su			
Please	return all corres	pondence concerning this ma	tter to the following:			
		Danald C.	My ka			
		Name	of Person			
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		Urbandale	Towa 50: e and Zip code	3 2 2		
<u></u>		E-mail address: (to be use	d for future annual report	notification)		
For fur	ther information	concerning this matter, pleas	e call:			
	On Mulan Name of Perso	n at (<u>51</u>	331-653 ode Daytime Telep	O phone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314				
Enclose	ed is a check for	the following amount:				
d \$ 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. (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) State or country under the law of which it is incorporated)

3. 42 - (3) 33 Co

(FEI number, if applicable) 4. 3/21/1988 5. Perp to a (Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 3809 109th St. Suite B. Urbandale Jour 50322 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Jay Eliason

7934 Royal Birkdale Civ

Lakewood Ranch, Florida 34202
(City) (Zip code) Name: Office Address:

9. 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.

(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Ju, Eliason

Address: 7934 Royal Birkdele Cii

Lakawood Ranch, fl 34202 Vice Chairman. Address: Director: T.m Qsper Address: 3809 109 th St Ur bandale, Ia 50322 B. OFFICERS President: Ja, Elason Address: 7934 Royal Birkdalo Cir Vice President: Address: Secretary. Donald C. Milonke, Address: 3809 109th St, Urdandale, Iour 50322 Treasurer: Ja, Elicson

Address: 7934 Royal Birkdule (ir, Lakewood Ranch, fl 34202 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. (Typed or printed name and capacity of person signing application)

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Date: 7/8/2015

Name: FARMERS GRAIN EXPRESS, INC. (490 DP - 120915)

Date of Incorporation: 3/21/1988

Duration: PERPETUAL

- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State-
 - d. Articles of dissolution have not been filed.

15 JUL 20 AHII: 52
SECRETARY OF STATE
ALLAHASSEF FIRE

Certificate ID: CS110309

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State