(Requestor's Name)				
(Address)				
(Address)				
(City/State	e/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				

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S. FRANKLIN JUN 2 8 2022

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Vogel Seed & Fertilizer, I	nc.		
		must include suffix	
Dear Sir or Madam:			
The enclosed "Application by Foreign "Certificate of Existence," or "Certific above referenced foreign corporation to	rate of Good Standi	ng" and check are submit	
Please return all correspondence conce	erning this matter to	o the following:	~
Dawn Rupnick			2022 July 13 PP 3: 52
	Name of Po	erson	
Vogel Seed & Fertilizer, Inc.			- W
	Firm/Compa	any	P
1891 Spring Valley Road			ب
	Address	S	
Jackson, WI 53037			·
	City/State and	l Zip code	
dawnr@springvalleyusa.com			
E-mail add	ress: (to be used for	future annual report noti	fication)
For further information concerning thi	s matter, please cal	I:	
Dawn Rupnick	at (262		
Name of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDR Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303		MAILING ADD Registration Secti Division of Corpo P.O. Box 6327 Tallahassee, FL	ion orations
Enclosed is a check for the following a Please make check payable to: FLORIDA \$70.00 Filing Fee \$78.75 F Certifica	DEPARTMENT Of the control of the co		☐ \$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.

(If name unavail	able in Florida, enter a	ilternate corporate nam	ne adopted for the purpose of transacting busines	ss in Florida)
Wisconsin 3, 39-0977524			39-0977524	
11/29/1960	ry under the law of wh		3. (FEI number, if applicable)	
(Date	of incorporation)		(Date of duration, if other than perpendicular of the state of the sta	etual)
7/1/2022 		ONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	2022 3.3118
			ffice street address)	PI
Name and stree	et address of Florida		ling address, if different) O. Box NOT acceptable)	
Name:	C T Corporation Sy			
fice Address:	1200 South Pine Isl	and Road		
	Plantation		, Florida 33324 (Zip code)	
		(City)	(Zip code)	

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.

A. DIRECTORS	·					
□Chairman	Name: William Vogel	☐ Chairman	Name: Randall Vogel			
□Vice Chairman	Address: 13139 Decr Path Rd.	☐ Vice Chairman	Address: 1894 Spring Valley Road			
□Director	Manitowish Waters, WI 54545	□Director	Jackson, WI 53037			
□President		■ President				
□Vice President		□Vice President				
Secretary	☐ Treasurer	☐Secretary	□Treasurer			
©CEO	□Other	□Other	□Other			
☐ Chairman	Name:	□ Chairman	Name:			
	Address:	□Vice Chairman	Address:			
Director		□Director				
□President		□ President				
□Vice President			2022			
☐Secretary	□Treasurer	Secretary	☐ Treasurer			
□Other	□Other	□Other	_			
			<u>ت</u> پ ــــ			
Chairman	Name:	□Chairman	Name: 5			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		Director				
□President		□President				
□Vice President		□Vice President				
□Secretary	□Treasurer	Secretary	Treasurer			
□Other	□Other	Other	□Other			
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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.						
13. Randall Vogel, President						
(Typed or printed name and capacity of person signing application)						

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS





To All to Whom These Presents Shall Come, Greeting:

I. Michelle Y. Knuese, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

VOGEL SEED & FERTILIZER, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 29, 1960.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.0214 or 183.0120 Wis. State and that it has not filed articles of dissolution.

13 PH 3:52



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 03, 2022.

MICHELLE Y. KNUESE, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 330482-9A78C597