

F2300000447

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: shawna.bergam@mosaicco.com

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION
FMRP, INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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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. FMRP, 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. Delaware 3. 72-1122135
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 17, 1987 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 101 East Kennedy Blvd, Suite 2500, Tampa, FL 33602
(Principal office street address)
- 3033 Campus Drive, Suite W400, Plymouth, MN 55441
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

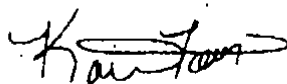
Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

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.



Kaity Toon, Asst. Secretary

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

2023 JUL 28 AM 9:43
 SECRETARY OF STATE
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A. DIRECTORS

☐ Chairman Name: James ("Joc") O'Rourke
☐ Vice Chairman Address: 101 East Kennedy Blvd
☐ Director Suite 2500
☒ President Tampa, FL 33602
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other CEO ☐ Other _____

☐ Chairman Name: Clint C. Freeland
☐ Vice Chairman Address: 101 East Kennedy Blvd
☒ Director Suite 2500
☐ President Tampa, FL 33602
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Sr. VP ☒ Other CFO

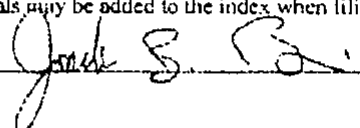
☐ Chairman Name: Philip E. Bauer
☐ Vice Chairman Address: 101 East Kennedy Blvd
☒ Director Suite 2500
☐ President Tampa, FL 33602
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other Sr. VP ☒ Other General Counsel

☐ Chairman Name: Okechukwu ("Ok") Azie
☐ Vice Chairman Address: 101 East Kennedy Blvd
☐ Director Suite 2500
☐ President Tampa, FL 33602
☒ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Todd W. Madden
☐ Vice Chairman Address: 3033 Campus Drive
☐ Director Suite W400
☐ President Plymouth, MN 55441
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other VP - Tax ☐ Other _____

☐ Chairman Name: Jonathan B. Breviu
☐ Vice Chairman Address: 101 East Kennedy Blvd.
☐ Director Suite 2500
☐ President Tampa, FL 33602
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Assoc GC ☒ Other Asst Corp Sec

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. Jonathan B. Breviu, Vice President, Associate General Counsel and Assistant Corporate Secretary
 (Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FMRP INC." 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 TWENTY-SEVENTH DAY OF JULY, A.D. 2023.

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

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

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

2146668 8300

SR# 20233102679

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

Authentication: 203841877

Date: 07-27-23