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P.O. Box 557 Monticello, AR 71657-0557

CR2E031(7/97)

Office Use Only

Examiner's Initials

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
□ Walk in □ Pick up time □ Mail out □ Will wait		ertified Copy ertificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal Merger	
Profit Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Office Change of Registered Age Dissolution/Withdrawal	-03/05/01-01072-003 ****285.00 ****150.00 cer/Director ent



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 7, 2001

UAP TIMBERLAND LLC PO BOX 557 MONTICELLO, AR 71657-0557

SUBJECT: UAP TIMBERLAND, LLC Ref. Number: W01000005189

We have received your document for UAP TIMBERLAND, LLC and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 487-6020.

Tammi Cline Document Specialist

Letter Number: 801A000139075

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: UAP TimbELland, LLC
(Name of foreign limited liability company) (Jurisdiction under the law of which foreign limited liability company is organized) (Date of Organization) (Duration: Year limited liability company will cease to 7. 140 ALKANSAS ST P.O. BOX 557 Montic Ello, AL 7/257-0557
(Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: WAYNE OWEN, CED 140 ALKAMENS ST. 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Industrial & Forestry HELbicide Distribution Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	the Limited Liability Company is:	
UAP	TimbElland, LLC	
2. The name and	d the Florida street address of the registered agent and office are:	
	Coldon Folster (Name)	_
	(Name)	
	3621 LITTLE FOX LANE	
	Florida street address (P.O. Box NOT ACCEPTABLE)	
_	TallahassEE FL 323/2 City/State/Zip	
	City/State/Zip	
Havino heen nan	ned as registered agent and to accept service of process for the above s	stated limited
liability company	at the place designated in this certificate, I hereby accept the appoint	ment as registered
	to act in this capacity. I further agree to comply with the provisions of oper and complete performance of my duties, and I am familiar with a	
obligations of my	position as registered agent as provided for in Chapter 608, F.S	5 S
Godor	Fort	
	(Signature)	•

\$ 100.00 Filing Fee for Application

\$ 30.00 Certified Copy (optional)

5.00

\$ 25.00 Designation of Registered Agent

Certificate of Status (optional)

State of Delaware

Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UAP TIMBERLAND, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF APRIL, A.D. 2001.



Harriet Smith Windson, Secretary of State

AUTHENTICATION: 1057459

DATE: 04-02-01

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