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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5926

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED 8 FEB 26 AM 10: 52 SECRETARY OF STATE VILAHASSEE, FLORIDA PMI Nutrition International, LLC

Certificate of Status	0
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FEB **2 7** 2008 Help

Corporate Filing Menu H

EXAMINER

Electronic Filing Menu

2/26/2008

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PM. Nutrition International 1.1.5

	ion international, LLC	
(Name o	of Foreign Limited Liability Company; must include "Limited Li	iability Company," "L.L.C.," or "LLC.")
ເວດຮະnt of the ເ	allable, enter alternate name adopted for the purpose of transacting managers or managing members adopting the alternate name. The L.C.," "L.C.")	ng business in Florida and attach a copy of the written to alternate name must include "Limited Liability
Delaware	3 41-2016621	ı
	under the law of which foreign limited liability organized)	(PEI number, if applicable)
٠.	10/11/85 (Date of Organization) 5. Perpetual (Duration:	
	(Date of Organization) (Duration: exist or 'pe	Year limited liability company will cease to expetual")
·		
	(Date first transacted business in Florida, if prior to (See sections 608.501 & 608.502 F.S. to determine p	registration.) enalty liability)
1080 Count	ity Road F West	7A1
Shoreview,	, MN 55126-2910	CRE
	(Street Address of Principal Of	i Dime
If limited	liability company is a manager-managed company, ch	neck here SEE AR
The name	and usual business addresses of the managing member	ers or managers are as follows: (10)
Purina Mill	lls, LLC, 1080 County Road F West, Shoreview, MN 55126-291	
	an original certificate of existence, no more than 90 days old, duty au under the law of which it is organized. (A photocopy is not acceptab	
nstation of the	e certificate under oath of the translator must be submitted.)	er annemen par a venter artificit
l Massau as	# Louis and American	. Visit
	f business or purposes to be conducted or promoted in	Florida:
Marketing o	of animal nutrition products.	
	Le la Ciri	
	Signature of a member or an authorized repre	esentative of a member.
	(in accordance with section 608.408(3), F.S., the execution an affirmation under the penalties of perjury that the facts :	of this document constitutes
	John W. Curran, Secretary of Sole Member, Purina M	
	Typed or printed name of sign	nee

FLOST - Hardio 2007 C 's system Children

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.

2			
ernate name to b	e used in the stat	e of Florida is:	
a street address	of the registered	agent and office are:	, (** <u>.</u>
cr	Corporation System		2000 FEB SECRET TALLAH
			_ >>>
1200	(Name)	nad	EB 26 RETARY AHASSE
	(Name) South Pine Island Rotess (P.O. Box NOT		
•	ernate name to b	ernate name to be used in the stat	ernate name to be used in the state of Florida is: a street address of the registered agent and office are: C T Corporation System

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: Wellie Willer

Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE

The First State

I, BARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PMI NUTRITION INTERNATIONAL, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2008.

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

SECRETARY OF STATE

2073221 8300

080218035

You may vorify this cestificate colinat sorp, dolaware.gov/authvor.ahtml

Warriet Smile Hindson

Harriet Smith Windson, Secretary of State

AUTHENTICATION: 6404480

DATE: 02-25-08