Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone Fax Number : (850)222-1092 : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

الممسحة	Address.			

Foreign Limited Liability Company Koru Dairy, LLC

Certificate of Status	0
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Page Count	05
Estimated Charge	\$125.00

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FEB 29 2012

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	ECT: Koru Dairy, LLC			
		Name of Limited Liability Company		
		Liability Company for Authorization to Transact Business in Fine above referenced foreign limited liability company to transact		
Please	return all correspondence concerning this	s matter to the following:		
		Name of Person	 -	
		Firm/Company		
		Address		
		City/State and Zip Code	元	
	caolsen@landolakes.com		AFA FA	ŢĬ,
	E-mail addres	ss: (to be used for future annual report notification)	SS 25	*****
For fur	ther information concerning this matter,	please call:	F 2. ₹	
		at ()	85 6 0	
	Name of Person	Area Code & Daytime Telephone Number	žni 💻	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassoc, FL 32301		
Enclo	sed is a check for the following an \$125.00 Filing Fee \$130.00 Filing Certificate of	g Fcc & \$155.00 Filing Fec & \$160.00 Filing Fee, Co		

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:

	MITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Koru Dairy, LLC	
•	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LJ.,C.," or "LLC.")	•
20,	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liablismpany," "L.L.C." Delaware [Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	writte
4 .	01/05/2012 5, Perpotual	
	(Date of Organization) (Duration; Year limited liability company will cease to exist or "perpetual")	•
5.	Upon Qualification	
	(Date first transacted business in Florids, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
′.	4001 Lexington Ave. N., Arden Hills, MN 55126	2
	HP.	6
	(Street Address of Principal Office)	23
	If limited liability company is a manager-managed company, check here	
	The name and usual business addresses of the managing members or managers are as follows:	ά
	D A	ယ္
	Land O'Lakes, Inc., P.O. Box 64101, MS 2500, St. Poul, MN 55164-0101	
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reco	nds in
jı	risdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ation of the certificate under cath of the translator must be submitted.)	
	,	
	Nature of business or purposes to be conducted or promoted in Florida:	
M	lanufacture, distribution & marketing of consumer food products.	
	- W. Line	
	Signature of a member or an authorized representative of a member. (In accordance with sodien 608.408(3), F.S., the execution of this document constitutes an affirmation under the	
	ponalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree follows as provided for in \$.217.155, P.S.)	,
	John Curren, VP of Land O'Lakes, Inc., Member	,
	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.

Koru Dsiry, LLC If unavailable, the alternate to be used in the state of Florida is:	······································		•
2. The name and the Florida street address of the registered agent and office are:			
C T Corporation System	• •		
(Name)	产兴	* 73	
1200 South Pine Island Road	55	-11	t anne
Piorida Street Address (P.O. Box NOT ACCEPTABLE)		83	1
Plantation FL 33324	SSEC	28	
City/State/Zip	FL0	6: W	M
Having been named as registered agent and to accept service of process for the above statically company at the place designated in this certificate, I hereby accept the appointme igent and agree to act in this capacity. I further agree to comply with the provisions of all relating to the proper and complete performance of my duties, and I am familiar with and obligations of my position as registered agent as provided for in Chapter 608, Florida Static CT Corporation System Bernadette McNamata	nt as registered statutes accept the	သ	

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

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HERBY CEPTIFY "RORU DAIRY, LIC" 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-FOURTH DAY OF FEBRUARY, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY TEAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5091169 8300

120224702
Tou say verify this certificate equi-

AUTHENTS CATION: 9389643

DATE: 02-24-12