

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000119395 3)))



H130001193953ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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)878-5368

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

Rma.	17	Address	,

Foreign Limited Liability Company AGRICULTUAL INNOVATION, LLC

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

Electronic Filing Menu

Corporate Filing Menu

MAY 3 1 2013 Help

D. BRUGE

https://efile.sunbiz.org/scripts/efilcovr.exe

5/30/2013

CR2E027 (9/10)

	Registration Section Division of Corporation:	•						
SUBJEC		INNOVATION, LLC						
401016		Name of Limi	ted Liability Com	pany				
The enclose Existence	osed "Application by Fo e, and check are submitte	reign Limited Liability Comp ed to register the above refere	any for Authoriza aced foreign (imi	ition to Trai ted liability	nsact Business in company to trans	Florida,* Co act business	rtificate in Flori	of ida.,
Picase re	sturn all correspondence	concerning this matter to the	following:					
	Nancy L. Chad	wick						
	**************************************	Na	me of Person					
	Agricultural In	ovation, LLC						
		Fir	m/Company	, _				
	3033 Campus Drive, Suite E490					2 .	2013	-
			Address		<u></u>	# T	⊒	
	Physicist MN 55441					488	2011 HAY 30	5
		City/St	ate and Zip Code			<u> </u>		5 23
	karl.metzler@n					5	4M 10: 51	1700
For furth	her information concerni	E-mail address: (to be used ing this matter, please call:	for future annual	report noti	fication)	RIDA	±2.	dr.
	Nancy L. Chadwick		763	577-28	59			
	Name	of Person Area	Code & Daytim	e Telephone	Number			
	MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, Fl. 32314	s Divisio Registr Clifton 2661 E	T ADDRESS: n of Corporations ation Section Building xecutive Center C stee, FL 32301					
Enclos	sed is a check for the							
☐ \$125.00 Filing Fee		■ \$130.00 Filing Fee & Certificate of Status	D \$155.00 Fill Certified C		© \$160,00 Fili of Status &			

COVER LETTER

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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1 AGRICULTURAL INNOVATION, LLC
(Name of Foreign Cimited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the writte consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4, May 29, 2013 5, Perpenial
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6 May 31, 2013
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 P.S. to determine penalty liability)
7. 3033 Campus Drive, Suite E490
Plymouth, MN 55441
(Street Address of Principal Office)
8. If limited liability company is a manager-managed company, check here \(\sum \)
9. The name and usual business addresses of the managing members or managers are as follows:
Mark J. Isaacson; 3033 Campus Drive, Suite E490, Plymouth, MN 55441
Patrick V. van der Voorn, 3300 Campus Drive, Suite E490, Plymouth, MN 55441
Emmerson H. Ward, 3033 Campus Drive, Suite £490, Plymouth, MN 55441
10. Attached is an original certificate of existence, no more than 90 days old, duty authenticated by the official having custody of record 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 cath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: Holding company
or any other lawful purpose or activity permitted under the Florida Limited Liability Company Act
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, I am aware that any false information submitted in a document to the Department of State constitutes a third degree follony as provided for in s.817.155, F.S.)

Typed or printed name of signce

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	e Limited Liability NNOVATION, LLC	Company is:				
If unavailable, the	alternate to be use	d in the state of Florida is:				
2. The name and	the Fiorida street a	ddress of the registered agent and office are:	*	ALLAN	ZOTO MAY	
C T Corporation System				# T	1Y 30	grana Grana
	(Name)					Brane
1200 South Pine Island Road				2.L. 4.6.	AM 10: 51	
_	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)		S DATE): 54	
P	lantation	FL ³³³²⁴				
-		City/State/Zip				

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.

	C T Cor	poration :	System
Ву:	C.	آ_نيد	S Connie Bruco
		(Signa	Assistant Sea
	S	100.00 25.00 30.00 5.00	Filing Fee for Application Designation of Registered Agent Certified Copy (optional) Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AGRICULTURAL INNOVATION, 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-NINTH DAY OF MAY, A.D. 2013.

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

5341906 8300

130687412

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

jeffrey W. Bullock, Secretary of State

DATE: 05-29-13