# 11/16000001459

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| · (Address)                             |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
| ·                                       |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



100282200011

2016 FEB 22 AN IO: 38
SCHEIARY OF STATE
PAIL ARKSSEE, FLORID.

RECEIVED BEPARTMENT OF STAD

K.S.Y.Y EXAMINER FEB 23 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT | NO. | : | I20000000195 |
|---------|-----|---|--------------|
|---------|-----|---|--------------|

REFERENCE: 027059 / 4306519

AUTHORIZATION: Signell Man

COST LIMIT : \$ 125.00

ORDER DATE: February 22, 2016

ORDER TIME: 3:04 PM

ORDER NO. : 027059-005

CUSTOMER NO: 4306519

#### FOREIGN FILINGS

NAME: SUN GRO HORTICULTURE

EXCAVATION AND PROCESSING LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62974

EXAMINER:

#### **COVER LETTER**

|   | stration Section<br>sion of Corporation  | s   |                                    |   |   |  |  |
|---|--|---|------------------------------------|---|---|--|--|
| Sun Gro Horticulture Excavation and Processing LLC SUBJECT:   |  |   |                                    |   |   |  |  |
| _   | Name of Limited Liability Company  |   |                                    |   |   |  |  |
| The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida |  |   |                                    |   |   |  |  |
| Please return   | all correspondence c   | oncerning this matter to the t                            | following:                         |   |   |  |  |
|   | Maureen Farrel   | l   |                                    |   |   |  |  |
|   |  | Na  | me of Person                       |   |   |  |  |
|   | Scyfarth Shaw  | LLP   |                                    |   |   |  |  |
|   |  | Fir   | m/Company                          |   |   |  |  |
|   | 131 S. Dearborn  | n Street, Suite 2400                                      |                                    |   |   |  |  |
|   |  |   | Address                            |   |   |  |  |
|   | Chicago, IL 600  | 603   |                                    |   |   |  |  |
|   |  | City/St   | ate and Zip Code                   |   |   |  |  |
|   | Laurie.Niemiec@  |   |                                    |   |   |  |  |
|   |  | E-mail address: (to be used                               | for future annual                  | report not  | ification)  |  |  |
| For further int   | formation concerning   | g this matter, please call:                               |                                    |   |   |  |  |
| Mau   | reen Farrell   |   | 312<br>at (                        | 460-57  | 12  |  |  |
|   | Name o   | f Contact Person  | Area Code                          | Day   | time Telephone Number   |  |  |
| Divis<br>Regi<br>P.O.   | LING ADDRESS:<br>sion of Corporations<br>stration Section<br>Box 6327<br>thassee, FL 32314 |   |                                    | Division of<br>Registrati<br>Clifton Bo<br>2661 Exe | ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301 |  |  |
|   | check for the follow<br>125.00 Filing Fee  | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filir<br>Certified Copy | ig Fee &  | ☐ \$160.00 Filing Fee, Cerof Status & Certified Copy                          |  |  |

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

|   | excavation and Processing LLC<br>eign Limited Liability Company; must include  | "Limited Liability Company," "L.L.C.," or "LL  | C.")   |
|---|--|--|--|
|   |  | acting business in Florida. The alternate name m   | ust include "Limited   |
| Liability Company," "L.L.C, 2. Delaware   |  | annlied For  |  |
|   | of which foreign limited liability   | Applied For  (FEI number, if applicable)   |  |
| company is organized)   | or which to old him to having  | (i or number, it approach)   |  |
| 4. Upon Qualification   |  |  | 20   |
|   | (Date first transacted business in Flori<br>(See sections 605.0904 & 605.0905, F.S   | ida, if prior to registration.)<br>b. to determine penalty liability)  | 2016F1   |
| 5. 770 Silver Street  |  |  |  |
| A MA 01000  |  |  | 22 22  |
| Agawam, MA 01000  | (Street Address of Principal C   | Office)  | The second secon |
| 6. 770 Silver Street  | (Substitutions of Fillerpar C  | Silico   |  |
|   |  |  |  |
| Agawam, MA 01000  |  |  | i i 🗪  |
|   | (Mailing Address)  |  |  |
| 7. Name and street address  | ss of Florida registered agent: (P.O. Box  | <u>NOT</u> acceptable)   |  |
| Name:   | Corporation Service Company  |  |  |
|   | 1201 Hays Street   |  |  |
| Office Address:   |  |  |  |
|   | Tallahassee  | , Florida 32301 (Zip code)   |  |
| Registered agent's accep  | (City)   | (Zip code)   |  |
| designated in this applica<br>to complywith the provisi                             | tion, I hereby accept the appointment as ons of all statutes relative to the proper a my position as registered agent.  Corporation Service Company  By: | rocess for the above stated limited liability registered agent and agree to act in this can address and complete performance of my duties, an Lydia Cohen Asst. Vice President | pacity. I further agree  |
|   | (Registered agent  | t's signature)   |  |
| 8. The name, title or capa  | acity and address of the person(s) who has   | /have authority to manage is/are:  |  |
| Sun Gro Horticulture Pro  | cessing Inc 770 Silver Street, Agawan, l   | MA 01000 Manager   |  |
|   |  |  |  |
| <del></del>   |  |  | <del></del>  |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s | of which it is organized. (If the certificate  | uly authenticated by the official having cust is in a foreign language, a translation of the horized person  | ody of records in the certificate under oath   |
|   |  | (b), Florida Statutes. I am aware that any fal<br>d degree felony as provided for in s.817.155   |  |

Andrew Soward, Secretary of Manager

Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUN GRO HORTICULTURE EXCAVATION AND

PROCESSING 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-SECOND DAY OF

FEBRUARY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUN GRO HORTICULTURE EXCAVATION AND PROCESSING LLC" WAS FORMED ON THE TWELFTH DAY OF FEBRUARY, A.D. 2016.

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

2016 FEB 22 AH IO: 38



5962368 8300

SR# 20161005148

Authentication: 201866380

Date: 02-22-16