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COVER LETTER

NUTECH SEED, LLC

TØ:	Registration Section			
	_ Division of Corporations			

SUBJECT:		Name of L	imited Liability C	Company	-	
		ign Limited Liability Compa to register the above referer				
Please return all corre	espondence co	oncerning this matter to the fo	ollowing:			
PA	M HATFIEL	D		·		
_		Nai	me of Person		"	
PIC	ONEER HI-B	RED INTERNATIONAL, II	NC.			
		Fir	m/Company	 -		
710	00 NW 62ND	AVENUE, PO BOX 1014				
_			Address			
JO	HNSTON IA	50131-1014				
		City/Sta	nte and Zip Code			
PAN	1.HATFIELD	@PIONEER.COM				
		E-mail address: (to be used	for future annual	report noti	fication)	
For further information	on concerning	this matter, please call:				
PAM HATI	FIELD		515 at (535-483	7	
	Name of	Contact Person	Area Code	Dayt	ime Telephone Number	
	27			Division of Registration Clifton Bu 2661 Exec		
Enclosed is a check t		ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	□ \$160.00 Filing Fee, Ce of 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:

Liability Company,""L.L.C	alternate name adopted for the purpose of transactin ," or "I.L.C.")	g business in Florida. The alternate nam	ie must melude '	Limited
2. IOWA	3	(FEI number, if applicable)		
company is organized)	voi which foreign limited hability	(FEI number, if applicable)	ı	
1N/A			_	
	(Date first transacted business in Florida, (See sections 605.0904 & 605.0905, F.S. to	il'prior to registration.) determine penalty liability)		
7100 NW 62ND	AVENUE		mana Mara da	<u>.</u>
IOUNCTONIA	50121			n E
JOHNSTON IA	(Street Address of Principal Offic	pp)		⊋ = _ _{−y}
7100 NW 62ND	AVENUE, PO BOX 1014		1975 -	
D			- [rig] -	P 0
AI NOTZNHOL	. 50131-1014			
	(Mailing Address)			
7. Name and street addre	ess of Florida registered agent: (P.O. Box NO	<u>Γ</u> acceptable)	\$3.77 C)
Name:	CT CORPORATION SYSTEM			
Office Address:	1200 SOUTH PINE ISLAND ROAD			
Office Address.		Florida 33324		
	(City)	Zip code)	-	
			**.	
Having been named as r	egistered agent and to accept service of proce			
Having been named as r designated in this applica- to complywith the provis	egistered agent and to accept service of proce ation, I hereby accept the appointment as regi ions of all statutes relative to the proper and c	istered agent and agree to act in thi	is capacity. If	irther agree
Having been named as r designated in this applica- to complywith the provis	egistered agent and to accept service of proce ation, I hereby accept the appointment as regi	istered agent and agree to act in thi complete performance of my duties,	is capacity. If , and I am fan	irther agree
Having been named as r designated in this applica- to complywith the provis	egistered agent and to accept service of proce ation, I hereby accept the appointment as regi ions of all statutes relative to the proper and of my position as registered agent.	istered agent and agree to act in this complete performance of my duties, Bernadette Bal	is capacity. If, , and I am fan ker	irther agree
Having been named as r designated in this applica- to complywith the provis	egistered agent and to accept service of proce ation, I hereby accept the appointment as regi ions of all statutes relative to the proper and c	istered agent and agree to act in this complete performance of my duties, Bernadette Bal	is capacity. If, , and I am fan ker	irther agree
Having been named as r designated in this applicate to complywith the provis accept the obligations of	egistered agent and to accept service of proce ation, I hereby accept the appointment as regi ions of all statutes relative to the proper and of my position as registered agent.	istered agent and agree to act in this complete performance of my duties, Bernadette Balignature) Assistant Secret	is capacity. If, , and I am fan ker	irther agree
Having been named as r designated in this applic to complywith the provis accept the obligations of 8. The name, title or cap	egistered agent and to accept service of proce ation, I hereby accept the appointment as regi ions of all statutes relative to the proper and of my position as registered agent. (Registered agent's s	istered agent and agree to act in this complete performance of my duties, Bernadette Balagnature) Assistant Secret we authority to manage is/are:	is capacity. If, , and I am fan ker	irther agree
designated in this applicate complywith the provisuccept the obligations of 8. The name, title or cap PAUL E. SCHICKLER,	egistered agent and to accept service of proce ation, I hereby accept the appointment as regi- tions of all statutes relative to the proper and of my position as registered agent. (Registered agent's someonic) who has/have	Bernadette Balignature) Assistant Secret we authority to manage is/are: OHNSTON IA 50131	is capacity. If, , and I am fan ker	irther agree
Having been named as redesignated in this applicate to comply with the provisuccept the obligations of 8. The name, title or cappaul E. SCHICKLER, ALEJANDRO MUNOZ.	egistered agent and to accept service of procesation, I hereby accept the appointment as regions of all statutes relative to the proper and of my position as registered agent. (Registered agent's seacity and address of the person(s) who has/have PRESIDENT - 7100 NW 62ND AVENUE, JO	Bernadette Balignature) Assistant Secret we authority to manage is/are: 0HNSTON IA 50131	is capacity. If, , and I am fan ker	irther agree

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Certificate of Standing

IOWA SECRETARY OF STATE PAUL D. PATE

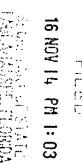


Date: 10/28/2016

Name: NUTECH SEED, LLC (489DLC - 345156)

Date of Incorporation: 4/30/2007

Duration: PERPETUAL



- I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of Iowa.
 - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. The Secretary of State has not administratively dissolved the limited liability company.
 - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID: CS127552

To validate certificates visit:

sos.iowa.gov/ValidateCertificate

Paul D. Pate, Iowa Secretary of State

Certificate of Standing

IOWA SECRETARY OF STATE PAUL D. PATE



CERTIFICATE OF EXISTENCE

Certificate Validation

The following certificate was issued by the Iowa Secretary of State Certificate ID: CS127552 Validation Date: 10/28/2016

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Name: NUTECH SEED, LLC (489DLC - 345156)

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Paul D. Pate, Iowa Secretary of State