## Florida Department of State

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### Foreign Limited Liability Company FLM HARVEST, LLC

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S. WARREN 'JUL 0 7 2017

# COVER LETTER

UBJECT:	FLM Harvest, LLC		
OBSEC1.		Name of Limited Liability Compar	ny
he enclosed xistence, ar	l "Application by Foreign Limited Liabi ad check are submitted to register the ab	ity Company for Authorization to ove referenced foreign limited liab	Transact Business in Florida," Certificate of lity company to transact business in Florid
lease return	all correspondence concerning this mat	er to the following:	
	Sarina Bourdaux		
		Name of Person	
		Firm/Company	
	PO Box 64101; MS 2500		
	<del></del>	Address	
	St. Paul, MN 55164		
	<u>'</u>	City/State and Zip Code	
	SIBourdaux@landolakes.com		
	E-mail address: (	o he used for future annual report	notification)
or further in	formation concerning this matter, please	calt:	
Sar	ina Bourdaux		2527
	Name of Contact Person	Area Code T	Daytime Telephone Number
	ILING ADDRESS: sion of Corporations		ET ADDRESS: on of Corporations
Reg	istration Section		en or Corporations ration Section
P.O.	Box 6327	Cliftor	n Building
Tall	ahassee, FL 32314		Executive Center Circle assec, FL 32301
nclosed is a	check for the following amount:	Fee & 🕒 \$155.00 Filing Pcc &	
	125.00 Filing Fee 💢 \$130.00 Filling		≥ □ \$160.00 Filing Fee, Certificate

214

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATULES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate t	name adopted for the purpose of transacting husiness in	lorida. The ake	mus name must include "Limned Lial	bility Company," "L.1	.C," or "LLC.")
Delaware		ય	47-3169988		
(Justediction imiter the law of w	hich foreign limsted liability company is organized)	٠		er, if applicable)	
			# # 1		
	(Date first transacted business in Florida, if prior (See sections 605,0904 & 605,0905, F.S. to date:	o registration.)		<del></del>	
SWW Wilson Deidos					
500 W. Wilson Bridge (Street Address of	Principal Office)	6	(Mziling Addr	ross)	
Suite 316					7
Worthington, OH 4308	35	_			
·					
Name and street addres	ss of Florida registered agent: (P.O. Bo	x NOT ac	oentable)	<u> </u>	ي لي
	• •		•	<u>'파</u> 다	<b>₹</b> 5
Name:	C T Corporation System			22	
Office Address:	1200 South Pine Island Road	· · ·		100円	ب
	Plantation		Maria 33324	明明	55
	(City)		, Florida 33324	<u></u>	
comply with the provisi	tion, I hereby accept the appointment lons of all statutes relative to the prope s of my position as registered agent.	as register r and com			
comply with the provisi	ions of all statutes relative to the prope	as registerer and com	ed agent and agree to act : plete performance of my a		
comply with the provisi d accept the obligation.  The name, title or caps	lons of all statutes relative to the propers of my position as registered agent.  (Registered agent acity and address of the person(s) who	as registerer and competence and com	ed agent and agree to act in plete performance of my a stance. Homey attended to manage is/are:	duttes, and I ar	n familiar w
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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLM HARVEST, 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 SIXTH DAY OF JULY, A.D. 2017.

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

.;\;

5681351 8300 SR# 20175106238

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

Jam'rey W. Burbock, Saundary of State

Authentication: 202835040

Date: 07-06-17