

10/10/2017

Division of Corporations

MI 700008780

Michigan Department of State
Division of Corporations
Electronic Filings

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.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

2017 OCT 13 PM 1:16

ATTACHMENT

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

Email Address: _____

Foreign Limited Liability Company
Specialty Commodities, LLC

****Please file 2nd****
After the
withdrawal of
Specialty
Commodities, Inc

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

****Please file 2nd****
After the
withdrawal of
Specialty
Commodities, Inc

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Specialty Commodities, LLC

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 concerning this matter to the following:

B. Rieck

Name of Person

ADM

Firm/Company

4666 Furies Parkway

Address

Decatur, IL 62526

City/State and Zip Code

rieck@adm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

B. Rieck

Name of Contact Person

217
at (_____)_____
Area Code

424-5239

Daytime Telephone Number

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
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Specialty Commodities, LLC

(Name of Foreign Limited 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. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. North Dakota

(Jurisdiction under the law of which Foreign limited liability company is organized)

3. 45-0401361

(EIN number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0204 & 605.0205, F.S. to determine exactly liability.)

5. 1530 47th Street North

(Street Address of Principal Office)

Fargo, ND 58102

6. P.O. Box 1470

(Mailing Address)

Decatur, IL 62526

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida 33324

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System

(Registered agent's signature)

Michele Miller
Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:

Name and Address:

Title or Capacity:

Name and Address:

Member

Archer-Daniels-Midland Company
4666 Farley Pkwy
Decatur, IL 62526

(Use attachments if necessary)

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

D. Cameron Findlay
Signature of an authorized person

D. Cameron Findlay

Typed or printed name of signer

State of North Dakota

SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING OF

SPECIALTY COMMODITIES, LLC

The undersigned, as Secretary of State of the State of North Dakota, hereby certifies that SPECIALTY COMMODITIES, LLC, a North Dakota LIMITED LIABILITY COMPANY, was issued a certificate of organization which was effective on March 12, 1987 and, according to the records of this office as of this date, has paid all fees due this office as required by North Dakota statutes governing a North Dakota LIMITED LIABILITY COMPANY.

ACCORDINGLY the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing to

SPECIALTY COMMODITIES, LLC

Issued: October 10, 2017

A handwritten signature in cursive script, appearing to read "Alvin Jaeger".

Alvin Jaeger
Secretary of State

850-617-6381

10/12/2017 10:30:19 AM PAGE 1/001

Fax Server

HONOR ORIGINAL DATE 10-10-17



October 12, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SPECIALTY COMMODITIES INC
4666 FARIES PARKWAY
DECATUR, IL 62526

SUBJECT: SPECIALTY COMMODITIES INC
REF: F14000001764

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The current name of the entity is as referenced above. Please correct your document accordingly.

No comma or period in the corporate name.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H17000267153
Letter Number: 017A00020603

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TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314