

MI8080001862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

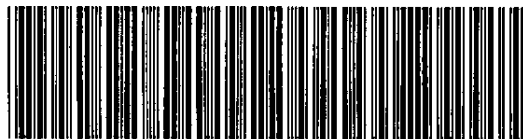
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TALLAHASSEE, FLORIDA

J. LEGGETT
FEB 23 2018

W17000101330



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 26, 2017

CATHERINE M WHITE
1947 BRIARFIELD BLVD
MAUMEE, OH 43537 US

SUBJECT: THE ANDERSONS PLANT NUTRIENT LLC
Ref. Number: W17000101330

We have received your document for THE ANDERSONS PLANT NUTRIENT LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 317A00026049

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please keep original file
date.
Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Andersons Plant Nutrient 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:

Catherine M. White

Name of Person

The Andersons, Inc.

Firm/Company

1947 Briarfield Blvd.; P.O. Box 119

Address

Maumee, Ohio 43537

City/State and Zip Code

ashley_brooks@andersonsinc.com

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

For further information concerning this matter, please call:

Catherine M. White

419

891-2934

Name of Contact Person

at (_____) _____

Area Code

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

1. The Andersons Plant Nutrient 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. Ohio

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

3. 82-1556813

(FEI number, if applicable)

4. 01/01/2018

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1947 Briarfield Blvd.

(Street Address of Principal Office)

Maumee, Ohio 43537

6. P.O. Box 119

(Mailing Address)

1947 Briarfield Blvd.

Maumee, Ohio 43537

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

Name: NRAI Services, Inc.

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.

(Registered agent's signature)

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:

President

William J. Wolf

Secretary

Naran U. Burchinow

1947 Briarfield Blvd.

Maumee, Ohio 43537

1947 Briarfield Blvd.

Maumee, Ohio 43537

Treasurer

John Granato

1947 Briarfield Blvd.

Maumee, Ohio 43537

(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.

Signature of an authorized person

Naran U. Burchinow

Typed or printed name of signer

FILED
18
08 22 AM 7:05
STATE
TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show THE ANDERSONS PLANT NUTRIENT LLC, an Ohio For Profit Limited Liability Company, Registration Number 4025406, was organized within the State of Ohio on May 5, 2017, is currently in FULL FORCE AND EFFECT upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 6th day of December, A.D. 2017.*

Jon Husted

Ohio Secretary of State

Validation Number: 201734001854

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:

1. The Andersons Plant Nutrient 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. Ohio 3. 82-1556813
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 01/01/2018
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1947 Briarfield Blvd. 6. P.O. Box 119
(Street Address of Principal Office) (Mailing Address)
Maumee, Ohio 43537 1947 Briarfield Blvd.
Maumee, Ohio 43537

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

Name: NRAI Services, Inc.

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[Signature] Asst Secretary
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>President</u>	<u>William J. Wolf</u> <u>1947 Briarfield Blvd.</u> <u>Maumee, Ohio 43537</u>	<u>Secretary</u>	<u>Naran U. Burchinow</u> <u>1947 Briarfield Blvd.</u> <u>Maumee, Ohio 43537</u>
<u>Treasurer</u>	<u>John Granato</u> <u>1947 Briarfield Blvd.</u> <u>Maumee, Ohio 43537</u>		

(Use attachments if necessary)

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[Signature]
Signature of an authorized person

Naran U. Burchinow
Typed or printed name of signer

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TALLAHASSEE FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

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Jon Husted

Ohio Secretary of State

Validation Number: 201734001854