

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 075137 4804328
AUTHORIZATION : *[Signature]*
COST LIMIT : \$125.00

TALLAHASSEE, FLORIDA

2019 DEC -4 PM 4:48

FILED

ORDER DATE : December 4, 2019

ORDER TIME : 3:16 PM

ORDER NO. : 075137-005

CUSTOMER NO: 4804328

FOREIGN FILINGS

NAME: BUNGE CENTRAL AMERICA, 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: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

19 DEC -4 4:48 56

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. Bunge Central America, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEB number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0901 & 605.0905, F.S. to determine penalty liability)
5. 2655 Le Jeune Road
(Street Address of Principal Office)
6. 2655 Le Jeune Road
(Mailing Address)
- Suite 610
Coral Gables, FL 33134
- Suite 610
Coral Gables, FL 33134

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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)

Harry B. Davis
Asst. Vice President

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: Diego Rasteletti

☐ Member Address: 1391 Timberlake Manor Pkwy

☐ Authorized Chesterfield, MO 63017

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Alvaro Rodriguez

☐ Member Address: 13 Route de Florissant

☐ Authorized 1206 Geneva, Switzerland

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Luis E. De la Cruz

☐ Member Address: Diagonal 6 12-42, zona 10

☐ Authorized Design Center, Torre I, oficina 1003

Person Guatemala, Guatemala

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Rafael Horecasitas

☐ Member Address: 2655 Le Jeune Road, St. 610

☐ Authorized Coral Gables, FL 33134

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Rodolfo J. Leiva

☐ Member Address: Calzada Atanasio Tzul 22-00

☐ Authorized Zona 12, Centro Empresarial El Cortijo

Person II, oficina 218, Guatemala, Guatemala

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

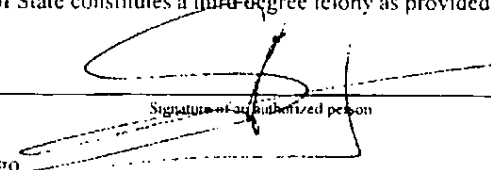
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 authorized person
 Adolfo Samaniego

 Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BUNGE CENTRAL AMERICA, 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 FOURTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BUNGE CENTRAL AMERICA, LLC" WAS FORMED ON THE FOURTH DAY OF DECEMBER, A.D. 2019.

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

FILED
2019 DEC - 4
P. 4:48
TAXES ASSESSED
CORP. DIV.



7734269 8300

SR# 20198424028

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


Jeffrey W. Bullock, Secretary of State

Authentication: 204132269

Date: 12-04-19