

4/30/2020

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)200-3338
Fax Number : (954)208-0845

****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
Mosaic Ag Innovation Solutions, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Mosaic Ag Innovation Solutions, 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. Delaware

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

3. Applied For

(If known, enter applicable)

4. April 28, 2020

(Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S., to determine penalty liability)

5. 101 East Kennedy Boulevard

(Street Address of Principal Office)

6. 101 East Kennedy Boulevard

(Mailing Address)

Suite 2500

Suite 2500

Tampa, FL 33602

Tampa, FL 33602

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: Tracy Kellner C T Corporation System

(Registered agent's signature)

Tracy Kellner- Assistant Secretary

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>The Mosaic Company</u>	<input type="checkbox"/> Manager	Name: <u>James ("Joe") C. O'Rourke</u>
<input checked="" type="checkbox"/> Member	Address: <u>101 East Kennedy Boulevard</u>	<input type="checkbox"/> Member	Address: <u>101 East Kennedy Boulevard</u>
<input type="checkbox"/> Authorized	<u>Suite 2500</u>	<input type="checkbox"/> Authorized	<u>Suite 2500</u>
Person	<u>Tampa, FL 33602</u>	Person	<u>Tampa, FL 33602</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Clint C. Freeland</u>	<input type="checkbox"/> Manager	Name: <u>Walter F. Precourt</u>
<input type="checkbox"/> Member	Address: <u>101 East Kennedy Boulevard</u>	<input type="checkbox"/> Member	Address: <u>101 East Kennedy Boulevard</u>
<input type="checkbox"/> Authorized	<u>Suite 2500</u>	<input type="checkbox"/> Authorized	<u>Suite 2500</u>
Person	<u>Tampa, FL 33602</u>	Person	<u>Tampa, FL 33602</u>
<input checked="" type="checkbox"/> Other <u>Chief Financial Officer</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Vice President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Mark J. Isaacson</u>	<input type="checkbox"/> Manager	Name: <u>Okechukwu ("Ok") E. Azie</u>
<input type="checkbox"/> Member	Address: <u>3033 Campus Drive</u>	<input type="checkbox"/> Member	Address: <u>13830 Circa Crossing Drive</u>
<input type="checkbox"/> Authorized	<u>Suite W400</u>	<input type="checkbox"/> Authorized	<u>Lithia, FL 33547</u>
Person	<u>Plymouth, MN 55441</u>	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> 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.

Mark J. Isaacson

Signature of an authorized person

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 "MOAIC AG INNOVATION SOLUTIONS, 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 THIRTIETH DAY OF APRIL, A.D. 2020.

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



7952973 8300

SR# 20203310794

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202854292

Date: 04-30-20