

M21000016817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

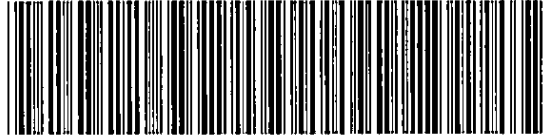
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000377811920

12/13/21 --01003 --020 **125.00

RECEIVED
2021 DEC 13 PM 1:05
TALLAHASSEE, FLORIDA

DEC 13 2021
K. Brumbley

APPROVED
AND
FILED
2021 DEC 13 PM 1:45
RECEIVED
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cabot Citrus OpCo 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:

Name of Person
Cabot Citrus OpCo LLC
Firm/Company
150 Bloor Street West, Suite 310
Address
Toronto, Ontario M5S 2X9 Canada
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Long at (854) 209-0778
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Cabot Citrus OpCo 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 3. 87-3832153
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. <u>150 Bloor Street West</u> (Street Address of Principal Office)	6. <u>150 Bloor Street West</u> (Mailing Address)
<u>Suite 310</u>	<u>Suite 310</u>
<u>Toronto, Ontario M5S 2X9 Canada</u>	<u>Toronto, Ontario M5S 2X9 Canada</u>

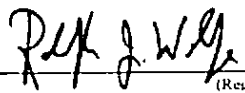
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:	<u>F & L Corp.</u>
Office Address:	<u>One Independent Drive, Suite 1300</u>
	<u>Jacksonville</u> <u>32202</u> (City) (Zip code)
	<u>Florida</u>

APPROVED
AND
FILED
2021 DEC 13 PM 1:45
SCHOOL OF STATE
TALLAHASSEE, FLORIDA

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. 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: CDH Citrus Co.
☐ Member Address: 150 Bloor Street West
☐ Authorized Suite 310
 Person Toronto, Ontario M5S 2X9 Canada
☐ Other _____ ☐ Other _____

☐ Manager Name: Benjamin Cowan-Dewar
☐ Member Address: 150 Bloor Street West
☐ Authorized Suite 310
 Person Toronto, Ontario M5S 2X9 Canada
☒ Other CEO & President ☐ Other _____

☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ Other _____ ☐ Other _____

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

☐ Manager Name: David O'Donoghue
☐ Member Address: 150 Bloor Street West
☐ Authorized Suite 310
 Person Toronto, Ontario M5S X29 Canada
☒ Other Vice President ☐ Other _____


☐ Manager Name: _____
☐ Member Address: _____
☐ Authorized _____
 Person _____
☐ 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 an authorized person

Benjamin Cowan-Dewar

 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 "CABOT CITRUS OPCO 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 THIRTEENTH DAY OF DECEMBER, A.D. 2021.

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



6431010 8300

SR# 20214062672

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

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

Authentication: 204950022

Date: 12-13-21