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To:	Division of Corporations		202
	Fax Number : (850)617-6383		2 JA
From	Account Name : C T CORPORATION Account Number : FC4000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	SYSTEM	2022 JAN 25 PM 4:
•		c entity to be used	for future, $\omega$
4-	er the email address for this busines annual report mailings. Enter only of Email Address:	ne email address plea	ase.**
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	annual report mailings, Enter only o	lity Company	ase. **
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Electronic Filing Menu

Corporate Filing Menu

Help

From: Lexus Wingo

## 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 TIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

			nidy Company," "U.T. C. For "ET C. F.
illimited liability company is organized)	ے	(FI number	if applicable)
			<del></del>
sections 607 (904 & 695 0905, F.S. to determ	nine penalty habil	lay)	
	521	1 West 57th Street	
	(ı	(Mailing Address)	22
	Ne	w York, NY, 10019	2022 JAH 25
			H 25
rida registered agent. (P.O. Bo	v <u>NOT</u> acce	eptable)	PH 4: 5:
			# 5 U
Porporation System			,
Cont. Disc. Laborat Doved		<del></del>	
South Pine Island Road			
ation		33324	
(Circ)		, Florida	
	Proporation System  South Pine Island Road	3	first translated business in Pland 1 if pero to registration, sections 603 (904 & 605 0905, f. 8. to determine penalty habitary)  521 West 57th Street  6  New York, NY, 10015  Proporation System  South Pine Island Road

3y:	CT Corporation System Stephen Lulla
	(Registered agent's signature)  Stephen Rullis, Vice President

From: Lexus Wingo

\$. 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]:

2022-01-25 15:32:45 CST

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊠Manager	Name:	∑Manager	Name. Christopher Urheim
□Member	Address:	□Member	Address: 521 West 57th Street
□Authorized	New York, NY, 10019	□ Authorized	New York, NY, 10019
Person		Person	
☐Other	Other	_ Other	Other
□Manager	Name: Nutrition & Biosciences USA LLC	□Manager	Name:
☑Meniber	Address: 521 West 57th Street	□Member	Address:
□Authorized	New York, NY, 10019	⊒ Auπhorized	
Person		Person	3; <u>C</u> = 49
□Other	Other		
∐Manager	Name:	□ Manager	Name: The S
□Member	Address:	□ Member	Address: C . W
□Authorized		Authorized	
Person		Person	
□()ther	COther		Other

Important Notice. Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 60.90 d in a document to the Department of Stato constitutes a	(203 (1776), Florida Statutes	I am aware that any false information
submitte	d in a document to the Department of Stato constitutes a	third degree felony as provi-	ded for in s 817.155. F.S.

Tepler Lullio		
	Signature of an authorized person	
Stephen Rullis		
	formal or montal name of corner	

## Delaware The First State

Page 1

From: Lexus Wingo

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

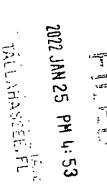
DELAWARE, DO HEREBY CERTIFY "MC (US) 3 LLC" IS DULY FORMED UNDER

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 TWELFTH DAY OF JANUARY, A.D. 2022.

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





Authentication: 202381483

Date: 01-12-22