

123000000636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

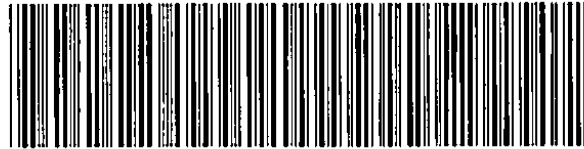
(Business Entity Name)

(Document Number)

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Instructions to Filing Officer.

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2023 JAN 18 AM 9:12

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2023 JAN 18 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. ROBERTS

JAN 19 2023

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 01/18/2022

Acc#120160000072

*David Elhart*

Name:	Nutrien US LLC
Document #:	
Order #:	14678831 - 141

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
Certified Copy of	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

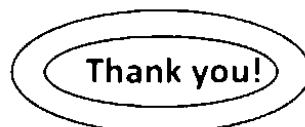
Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

David.Elhart@nutrien.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 155.00



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nutrien US 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:

Camille Duerr, Paralegal

\_\_\_\_\_  
Name of Person

Jones Day

\_\_\_\_\_  
Firm/Company

1221 Peachtree Street, NE, Suite 400

\_\_\_\_\_  
Address

Atlanta, GA 30361

\_\_\_\_\_  
City/State and Zip Code

David.Elhart@nutrien.com

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

For further information concerning this matter, please call:

Camille Duerr

404

581-8542

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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. Nutrien US 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. Colorado 91-1589568  
(Jurisdiction under the law of which foreign limited liability company is organized) (F.I.I. 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. 5296 Harvest Lake Drive 5296 Harvest Lake Drive  
(Street Address of Principal Office) (Mailing Address)

Loveland, CO 80538 Loveland, CO 80538

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, Florida 33324  
(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.

By: David Westcott C T Corporation System David Westcott, Asst.  
(Registered agent's signature) Secretary

2023 MAR 18 AM 9:12

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:
<input checked="" type="checkbox"/> Manager	Name: <u>Jeff DeMars</u>
<input type="checkbox"/> Member	Address: <u>5296 Harvest Lake Drive</u>
<input type="checkbox"/> Authorized	<u>Loveland, CO 80538</u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input checked="" type="checkbox"/> Manager	Name: <u>Warren Stroman</u>
<input type="checkbox"/> Member	Address: <u>5296 Harvest Lake Drive</u>
<input type="checkbox"/> Authorized	<u>Loveland, CO 80538</u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Title or Capacity:	Name and Address:
<input checked="" type="checkbox"/> Manager	Name: <u>Carolyn Engel</u>
<input type="checkbox"/> Member	Address: <u>5296 Harvest Lake Drive</u>
<input type="checkbox"/> Authorized	<u>Loveland, CO 80538</u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u>Nutrien US Corp B Inc.</u>
<input checked="" type="checkbox"/> Member	Address: <u>5296 Harvest Lake Drive</u>
<input type="checkbox"/> Authorized	<u>Loveland, CO 80538</u>
Person	<u></u>
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>
<input type="checkbox"/> Other	<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.

  
Signature of an authorized person

Kara Fenton  
Typed or printed name of signer

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Nutrien US LLC

is a

Limited Liability Company

formed or registered on 02/10/1993 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19931015242 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/28/2022 that have been posted, and by documents delivered to this office electronically through 12/29/2022 @ 10:24:29 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/29/2022 @ 10:24:29 in accordance with applicable law. This certificate is assigned Confirmation Number 14568188 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, <https://www.coloradosos.gov/biz-CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, <https://www.coloradosos.gov> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*