

4/26/23, 12:00 PM

Division of Corporations

M2300005421

Florida Department of State
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Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: shawna.bergman@mosaicco.com

Foreign Limited Liability Company
Mosaic Sulphur Partners, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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**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. Mosaic Sulphur Partners, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC,")

(If none is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC,")

2. Delaware 3. 01-0727222
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. _____
(Do not transact business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. <u>101 East Kennedy Blvd.</u> (Street Address of Principal Office)	6. <u>3033 Campus Drive</u> (Mailing Address)
<u>Suite 2500</u>	<u>Suite W400</u>
<u>Tampa, FL 33602</u>	<u>Plymouth, MN 55441</u>

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

Name:	<u>C T CORPORATION SYSTEM</u>
Office Address:	<u>1200 South Pine Island Road</u>
	<u>Plantation</u> , Florida <u>33324</u>
	(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.

Sherry McGinnes

(Registered agent's signature)

Sherry McGinnes, Assistant Secretary

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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>
☒ Manager	Name: Mosaic Sulphur Holdings LLC	☐ Manager	Name: James ("Joc") O'Rourke
☐ Member	Address: 101 East Kennedy Blvd.	☐ Member	Address: 101 East Kennedy Blvd.
☐ Authorized	Suite 2500	☒ Authorized	Suite 2500
Person	Tampa, FL 33602	Person	Tampa, FL 33602
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: Clint C. Freeland	☐ Manager	Name: Philip E. Bauer
☐ Member	Address: 101 East Kennedy Blvd.	☐ Member	Address: 101 East Kennedy Blvd.
☒ Authorized	Suite 2500	☒ Authorized	Suite 2500
Person	Tampa, FL 33602	Person	Tampa, FL 33602
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: Karen A. Swager	☐ Manager	Name: Jonathan B. Brevitt
☐ Member	Address: 101 East Kennedy Blvd.	☐ Member	Address: 101 East Kennedy Blvd.
☒ Authorized	Suite 2500	☒ Authorized	Suite 2500
Person	Tampa, FL 33602	Person	Tampa, FL 33602
☐ Other	☐ Other	☐ 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

Philip E. Bauer

Typed or printed name of signer

Additional Members/Managers

Beth A. Paulson
3033 Campus Drive, Suite W400
Plymouth, MN 55441
Authorized Person

Todd W. Madden
3033 Campus Drive, Suite W400
Plymouth, MN 55441
Authorized Person

Okechukwu ("Ok") E. Azie
101 East Kennedy Blvd, Suite 2500
Tampa, FL 33602
Authorized Person

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOAIC SULPHUR PARTNERS, 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 TWENTY-FIFTH DAY OF APRIL, A.D. 2023.

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



3534162 8300

SR# 20231625582

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203213273

Date: 04-25-23