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| Special Instructions to Filin | g Officer: | |
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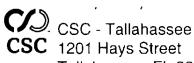




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Tallahassee, FL 32301-2607 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations

From: Alexxis Weiland-Sorenson

Ext: 61592 Date: 05/16/23 Order #: 1215057-2

Re: Louis Dreyfus Company Grand Junction LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$155.00 - FL State Account Number:

12000000195

AUTH

Please take the following action:

File in your office on basis

CERTIFIED COPY

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

| то: | Registration Section Division of Corporations | | | | |
|-----------------------------------|--|--|--|--|--|
| SUBJE | Louis Dreyfus Company Grand Juncti | on LLC | | | |
| Name of Limited Liability Company | | | | | |
| | | y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida | | | |
| Please r | return all correspondence concerning this matter | to the following: | | | |
| | | Name of Person | | | |
| | | | | | |
| | Firm/Company | | | | |
| | Address | | | | |
| | | City/State and Zip Code | | | |
| | E-mail address: (to | be used for future annual report notification) | | | |
| For furt | her information concerning this matter, please o | | | | |
| | Name of Contact Person | at () | | | |
| | | | | | |
| | Mailing Address: Registration Section | Street Address: Pagistration Section | | | |
| | Division of Corporations | Registration Section Division of Corporations | | | |
| | P.O. Box 6327 | The Centre of Tallahassee | | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | |
| | 1 | Tallahassee, FL 32303 | | | |
| | Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$125.00 Filing Fee \$130.00 Filing F Certificate | Fee & 🗏 \$155.00 Filing Fee & 🗆 \$160.00 Filing Fee, Certificate | | | |

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:

| | any Grand Junction LLC | | | | |
|--|---|-------------------------------------|--|------------------------------|------|
| (Name of Foreign | Limited Liability Company; must include "Limited | Liability C | ompany," "L.L.C.," or "LLC.") | - | |
| | | | | | |
| | name adopted for the purpose of transacting business in Flo | orida. The alte | mate name must include "Limited Liabilit | ry Company," "L.L.C." or "LL | C.") |
| Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized) | | 3. | 6-0369566 | | |
| | | (FEI number, if applicable) | | | |
| upon filing | | | | | |
| 4 | (Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determine | egistration.) ne penalty liai | sility) | | |
| Louis Dreyfus Comp | any Grand Junction LLC | | ttn: Corporate Secretary | | |
| 5. (Street Address of Principal Office) | | 6 | (Mailing Address) | | |
| 40 Danbury Road, 3rd Floor | | 40 Danbury Road, 3rd Floor; POB 810 | | | |
| Wilton, CT 06897 | | w | ilton, CT 06897-0810 | 202 Si | |
| 7. Name and street address | ss of Florida registered agent: (P.O. Box | NOT acc | reptable) | 2023 HAY 16 SECCE AS | |
| Name: | Corporation Service Company | | | PH | |
| Office Address: | 1201 Hays Street | | | 2: 50 STATE | |
| | Tallahassee | | 32301 , Florida | | |
| | (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.

Corporation Service Company

Registered a sent's signature)

(Registered a sent's signature)

Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Louis Dreyfus Company Name: ____ □Manager □ Manager Biofuels Holdings LLC; **■**Member □Member Address: ____ 40 Danbury Rd, 3rd Fl; POB 810 ☐ Authorized □ Authorized Wilton, CT 06897-0810 Person Person Other □Other □Other__ □Other____ Gordon Russell, Pres & CEO □Manager □Manager Name: Address: 40 Danbury Rd, 3rd Floor □Member □Member Address: POB 810 **■**Authorized ☐ Authorized Wilton, CT 06897-0810 Person Person Other □ Other □Other □Other____ Name: ______David Smith, VP - Tax □Manager □Manager 40 Danbury Rd, 3rd Floor □Member □Member Address: _____ POB 810 Authorized ☐ Authorized Wilton, CT 06897-0810 Person Person Other Other Other____ □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 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

Louis Dreyfus Company Biofuels Holdings LLC by: David Smith, VP-Tax

Typed or printed name of signee

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]:

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LOUIS DREYFUS COMPANY GRAND JUNCTION

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 SIXTEENTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOUIS DREYFUS COMPANY GRAND JUNCTION LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MAY, A.D. 2007.

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

Authentication: 203355710

Date: 05-16-23

4361934 8300 SR# 20232081130

COVER LETTER

TO:

| TO: | Registration Section Division of Corporations | | | | | |
|---|--|--|--|--|--|--|
| SURIF | Louis Dreyfus Company Grand Junctio | on LLC | | | | |
| SUBJECT:Name of Limited Liability Company | | | | | | |
| | | Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida. | | | | |
| Please r | eturn all correspondence concerning this matter | to the following: | | | | |
| | | Name of Person | | | | |
| | | | | | | |
| | Firm/Company | | | | | |
| | Address | | | | | |
| | City/State and Zip Code | | | | | |
| | E-mail address: (to b | e used for future annual report notification) | | | | |
| For furt | her information concerning this matter, please ca | 11: | | | | |
| | Name of Contact Person | at () | | | | |
| | Name of Contact Person | Area Code Daytime Telephone Number | | | | |
| | Mailing Address: | Street Address: | | | | |
| | Registration Section | Registration Section | | | | |
| | Division of Corporations | Division of Corporations | | | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | 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 DEI \$\Begin{array}{c} \Boxed{1} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | e & 🗏 \$155.00 Filing Fee & 🗌 \$160.00 Filing Fee, Certificate | | | | |