M98000001359

CT Corporation Sy	stem			
Requestor's Name 660 East J efferso	n Street			
Address Tallahassee, FL 3	2310 222–1092	400	90253084 -11/18/980105 *****346.25 **	148 2017
City State Zip	Phone		**************************************	**345.25
CORPOR	RATION(S) NAME			
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Freeport-mc	morar sulph	ur, ARC	33	
			10:152	
() Profit () NonProfit	() Amendm	ent () Merger	75
() Foreign	() Dissolution	on/Withdrawal	Limited Liabil	ity Company
() Limited Partnership () Reinstatement () Fictitious Name	()AnnualR ()Name Regi ()UCC-1 Fir) Other) Change of R.A.) UCC-3 Filing	••
Certified Copy	() Photo Co	ppies	CUS	
() Call When Ready (x) Walk In () Mail Out	२०३ Call if Pro () Will Wait	oblem () After 4:30) Pick Up	- .
Name Availability Document Examiner Updater	Please Return Extra File Stamped. Than	a Copies ak You!!	Name Availabilin Documen Examiner	t coll
Acknowledgment W.P. Verifler	Hope	Sulecond	Updater Updater Verifyer	MAGU

CR2E031 (1-89)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Freeport-McMoRan Sul (Name of foreign limited liability compares so contained in the name at present.)		"limited company" or their abbrevia	tion "L.C." if not
2. Delaware (Jurisdiction under the law of which fore company is organized)	3	72-14242000 (FEI number, if applicable	e)
4. 7/30/98 (Date of Organization)	5. (1	perpetual Duration: Year limited liability compa exist or "perpetual")	any will cease to
6	siness in Florida (See sect	ons 608.501, 608.502, and 817.155,	 FS)
7. 1615 Poydras Street			
New Orleans, LA 70	0112	-	
	(Street address of p	rincipal office)	
			[MGR]who
3. List name, title, and business addr will manage the foreign limited li	ability company in Flo	rida: (attach additional page if	
		rida: (attach additional page if	
will manage the foreign limited li	TITLE:	NAME & ADDRESS:	necessary)
will manage the foreign limited limite	TITLE:	NAME & ADDRESS:	necessary)
will manage the foreign limited limite	TITLE: tion Co. MGRM	NAME & ADDRESS:	necessary)
NAME & ADDRESS: McMoRan Explorate 1615 Poydras Str	TITLE: tion Co. MGRM	NAME & ADDRESS:	TITLE: SECRETARY OF CHEPO
will manage the foreign limited limite	TITLE: tion Co. MGRM	NAME & ADDRESS:	TITLE: 98 NOV 18 AN 10: 5
will manage the foreign limited limite	TITLE: tion Co. MGRM	NAME & ADDRESS:	TITLE: 98 NOV 18 AN 10:

9. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

State of Delaware

Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FREEPORT-MCMORAN SULPHUR 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



AUTHENTICATION:

9410167

DATE:

11-17-98

2927382 8300

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	f the Limited Liability Com	pany is:		•
Freep	ort-McMoRan Sulph	ur LLC		
2. The name a	nd the Florida street addres	s of the registered a	agent and office are:	
	C T Corporati	on System		
		(Name)		9
	1200 South Pi			98 NOV 18 AM 10: 52
	Florida street ad	dress (P.O. Box NOT	ACCEPTABLE)	- -
	Plantation	FL	33324	M10: 52
		City/State/Zip		
				10
liability compare registered agent statutes relating	nmed as registered agent an ny at the place designated it at and agree to act in this ca g to the proper and complet gations of my position as reg	n this certificate, I h pacity. I further ag e performance of m	ereby accept the appoin ree to comply with the p	tment as rovisions of all

Filing Fee: \$ 35 for Designation of Registered Agent

SPECIAL ASSISTANT SECRETARY

JUNNE BRYAN

(Signature)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of			- -
Freeport-McMoRan Sulphur LLC certifies:			
1) the above named limited liability company has at least one member;			
2) the total amount of cash contributed by the member(s) is	\$_	100*	;·
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.)	\$_	0*	_;
and 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$	100*	<u>_</u> .
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	ıber.	8	SECHELYND SECHELYNY (FILE
Michael C. Kilanowski, Jr., Secretary of McMol Typed or printed name of signee Exploration Co., sole member of Freeport-McMol Sulphur LLC		ö	OF STATE REORATIONS

Filing Fee: \$250.00 for Application and Affidavit

*Freeport-McMoRan Sulphur LLC was formed for purposes of merger of Freeport-McMoRan Sulphur Inc. into Freeport-McMoRan Sulphur LLC.