Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H19000296658 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC40000000023 : (614)280-3338 Phone

: (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FOREIGN PROFIT/NONPROFIT CORPORATION

Plant Health Intermediate, Inc.

Certificate of Status	0
Certified Copy	l
Page Count	04
Estimated Charge	\$78.75

OCT 08 2619

Electronic Filing Menu

Corporate Filing Menu

M. SOLUMON

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INC orp," "Inc," "Co," or "Corp.")		NY." "CORPORATION,"	
(If name unavails	able in Plorida, enter alternate		the purpose of transacting business	in Florida)
DELAWARE		3		
(State or country 10/12/2018	y under the law of which it is	incorporated)	(FEI number, if applicable)	
	of incorporation)	5	Date of duration, if other than perpe	stual)
	(Date first tran	sacted business in Florida, it	f prior to registration) o determine penalty liability)	
		550 Old State Hwy 210, Lit		
·		(Principal office a	(kiress)	
		, ,		
		(Current mailing address,	if different)	
	5 4 6 131 - 2 d	orod agent: (P.O. Box. N	OT acceptable)	• 1
Name and stree	et address of Piorida regist	crea agent. (c.a. tam <u>c.</u>		
	ct address of Plorida regist C T Corporation System	eren agent. (t. t.v. t.a.v. <u></u>		•
Name and street	C T Corporation System			• •
Name;				* * ** .
Name:	C T Corporation System	oad	33324	
Name;	C T Corporation System 1200 South Pine Island R	oad, F1	33324	
Name: Mee Address: Registered sg	C T Corporation System 1200 South Pine Island R Plantation, (City tent's acceptance: med as registered agent an	oad , Fl) d to accept service of pro	orida (7.ip code) cess for the above stated corporegistered agent and agree to act	i in inis capaci
Name: Mee Address: Registered sy aving been nan esignated in this	C T Corporation System 1200 South Pine Island R Plantation, (City tent's acceptance: med as registered agent an	ond, Fl d to accept service of pro- cept the appointment as r s of all statutes relative to	33324 orida (7.ip code) ocess for the above stated corporegistered agent and agree to according the proper and complete perfo	i in inis capaci
filee Address: Registered sg aving been nan esignated in this	C T Corporation System 1200 South Pine Island R Plantation, (City tent's acceptance: med as registered agent and application, I hereby accomply with the provision, familiar with and accept to	ond, Fl d to accept service of pro- cept the appointment as r s of all statutes relative to	33324 orida (7.ip code) ocess for the above stated corporegistered agent and agree to according the proper and complete perfo	i in inis capaci

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresse	s of officers and/or directors:
---------------------------------	---------------------------------

A. DIRI	ECTORS		
Chainnan	Randall Eason	_	
Address:	1550 Old State Hwy 210		
	Liberty, MO 64068		
vi Chai	Sam Gaynor		
	irman:		
Address:	Liborty, MO 64068		
•	Bili Fuller		
	1550 Old State Hwy 210		
Address:	Liberty, MO 64068		
Director:			
			
B. OFF	TICERS	•••	2513
President	Wes Long	<u>.</u>	
Address	1550 Old State Hwy 210	····)[]-
7 ((Liberty, MO 64068		<u>'</u>
Vina Den	Vince Adams	+ :	<u> </u>
••••	1550 Old State Hwy 210	h:	
Address:	Liberty, MO 64068	<u> </u>	
Secretary	/: <u></u>		
			· ·. , <u></u>
	Chris Bridgnell	<u>,</u>	
Address	1550 Old State Hwy 210, Liberty, MO 64068		
	If necessary, you may attach an addendum to the application listing additional officers and/or d	lirectors.	
	Thecessary, you may undone the same and the		
12	Signature of Director or Officer		•
The off	icer or director signing this document (and who is listed in number 11 above) affirms that the fact and that he or she is aware that false information submitted in a document to the Department of	its stated I State com	nerom stitutes
are true a third	degree felony as provided for in s.817.155, F.S.		
Ch	ris Bridgnelf, Trensurer		
13	(Typed or printed name and capacity of person signing application)		•

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "PLANT HEALTH INTERMEDIATE, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTH DAY OF OCTOBER, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

7098656 8300

SR# 20197384634

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

Authentication: 203726425

Date: 10-04-19