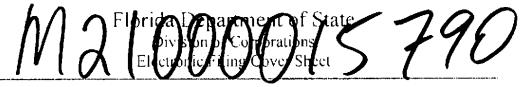
11/23/21, 2:07 PM

Division of Corporations



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.

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To:

Division of Corporations

Estimated Charge

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (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 Limited Liability Company PRIMARY PRODUCTS INVESTMENTS LLC

Certificate of Status 0 Certified Copy 04 Page Count

\$125.00

To: -18506176383 Page: 4 of 6 2021-11-23 13:10:18 CST 12122023573 From: Lexus Wingo

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

IN COMPLIANCE, WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Tamifed Trability Company; must include Tamife	dTrability Company," "LLLC" or "LLC.")		
(It name unavailable, enter alternate	name adopted for the purpose of transacting business in FI	orida. The alternate name must include "Limited fa	ability Company," "L.L.U," or "LLU,"]	
2. Delaware (Jurisdiction under the law of which foreign limited hability company is organized)		3. 87-2720607 (FL) numb	z, if application)	
4. Upon Qualification	(Date first transacted business in Florida, if prior to (See sections 605 0901 & 605 0905, F.S. to determ		·	
5. 5450 Prairie Stone Parl (Street Address of Principal Office)		6. Same (Mailing Address)		
Hoffman Estates, IL 60	0192			
7. Name and street address of Florida registered agent: (P.O. Box Name: C T Corporation System		NOT acceptable)	SECRETARY OF ALLIANASSEE.	
Office Address:	1200 South Pine Island Road		AM II: 43 OF STATE S. FLORIDS	
	Plantation (Cay)	, Florida 33324 (Zη code)	→ -	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent. C T Corporation System By: (Registered agent) s	s registered agent and agree to act is and complete performance of my di	n this capacity. I further agree	

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:	Title or Capacity:	Name and Address:
☑ Manager	Name:Donald A Cole	∐Manager	Name:
□Member	Address: 5450 Prairie Stone Parkway	□Member	Address:
□Authorized	Hoffman Estates, IIL 60192	Authorized	
Person		Person	
□Other	□Other	Other	□Other
☑Manager	Name: Lawrence A Pociask	⊒Manager	Name:
□Member	Address: 5450 Prairie Stone Parkway	⊒Member	Address:
□Authorized	Hoffman Estates, IL 60192	Authorized	
Person		Person	
□Other	□Other	Other	Other
∡ Manager	Name: Karl Wunrow	⊒Manager	Name:
□Member	Address: 5450 Prairie Stone Parkway	☐Member	Address:
□Authorized	Hoffman Estates, IL 60192	Authorized	-
Person	-	Person	
□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.





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

DELAWARE, DO HEREBY CERTIFY "PRIMARY PRODUCTS INVESTMENTS 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 NINETEENTH DAY OF NOVEMBER, A.D. 2021.

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

Authentication: 204750641

Date: 11-19-21