

F24000003792

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000099257

Office Use Only



600430976296

APPROVED
AND
FILED

2024 JUL -3 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL -3 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 18 2024

K Brumley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2024 JUL 17 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 11, 2024

COGENCY GLOBAL

SUBJECT: ENZA ZADEN NORTH AMERICA, INC.
Ref. Number: W24000099257

We have received your document for ENZA ZADEN NORTH AMERICA, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 024A00014976

PLEASE KEEP
ORIGINAL
FILE DATE



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 07/17/2024

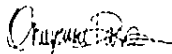
Name: Cheyenne Davis

Reference #: 2431751

Entity Name: ENZA ZADEN NORTH AMERICA, INC.

- ☒ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: \$70.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Enza Zaden North America, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RoxAnn D. Mack

Name of Person

Faegre Drinker Biddle & Reath LLP

Firm/Company

1470 Walnut Street, Suite 300

Address

Boulder, CO 80302

City/State and Zip code

o.rocha@enzazaden.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RoxAnn D. Mack at (303) 447-7750

Name of Person	Area Code	Daytime Telephone Number
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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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.*

1. Enza Zaden North America, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. California 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/12/2000 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. January 1, 2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7 Harris Place, Salinas, CA 93901
(Principal office street address)

(Current mailing address, if different)

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

Name: Crystal Callahan
Office Address: 27610 Crosby Rd.
Myakka City FL 34251
(City) (Zip code)

APPROVED
AND
FILED
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CLERK OF THE COURT
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

DocuSigned by:
By: Crystal Callahan
D85599353FCB43F
(Registered agent's signature)

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Rodolfo Leyva

☐ Vice Chairman Address: 7 Harris Pl., Salinas, CA 93901

☒ Director _____

☒ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☒ Other CEO ☐ Other _____

☐ Chairman Name: Rita Valencia

☐ Vice Chairman Address: 7 Harris Pl., Salinas, CA 93901

☐ Director _____

☐ President _____

☐ Vice President _____

☒ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Crystal Callahan

☐ Vice Chairman Address: 7 Harris Pl., Salinas, CA 93901

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☒ Treasurer

☐ Other _____ ☒ Other Finance Manager

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ 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.

12. Crystal Callahan
065950355FCB43F _____
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Crystal Callahan, Treasurer and Finance Manager
 (Typed or printed name and capacity of person signing application)



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: ENZA ZADEN NORTH AMERICA, INC.
Entity No.: 2229097
Registration Date: 04/12/2000
Entity Type: Stock Corporation - CA - General
Formed In: CALIFORNIA
Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 16, 2024.

SHIRLEY N. WEBER, PH.D.
Secretary of State

Certificate No.: 228931937

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.