

SECRETARY OF STA CORPORATIONS DI 2018 APR II PH 1:

Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL <u>7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:					
Corteva, Inc.					
It is incorporated under the laws of: Delaware		-			
3. The name, if different, which it elects to use in Rho	ode Island is:	_			
(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island:					
(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:					
4. The date of its incorporation is: 03/16/2018					
And the period of its duration is: CHECK ONLY ONE BOX Perpetual (on-going)					
Date certain for dissolution					
5. The address of its principal office is:					
974 Centre Road, Wilmington, DE 19805					
6. The name and address of the initial registered agent/office of in Rhode Island:					
Agent Name C T Corporation System					
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A					
City/Town East Providence	State RHODE ISLAND	Zip Code 02914			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 1 1 2018 BY APR 1 3 28515

FORM 150 - Revised: 08/2016

8. (a) The names and r state or country of whice	•		optional, unless dir	rectors are required under the laws of the	
NAME		ADDRESS			
Michael P. Heffernan	n 974 Centre Road, Wilmi		ington, DE 19805		
Andrew R. Girardi	ardi 974 Centre Road, Wilmi		ington, DE 19805		
James P. Donaghey 974 Centre Road, Wilm		ington, DE 19805			
				Check the box to indicate an attachment.	
8. (b) The names and r of the state or country			fficers (mandatory	if directors are not required under the laws	
OFFICE		NAME		ADDRESS	
PRESIDENT	Michael P. Heffernan		974 Centre Road	974 Centre Road, Wilmington, DE 19805	
VICE PRESIDENT	Andrew R. Girardi		974 Centre Road, Wilmington, DE 19805		
TREASURER	Andrew R. Girardi		974 Centre Road, Wilmington, DE 19805		
SECRETARY	Loriann Lea Sharpe		974 Centre Road	, Wilmington, DE 19805	
	_			Check the box to indicate an attachment.	
9. The aggregate numl par value, and series, i			issue; itemized by	classes, par value of shares, shares without	
NUMBER OF SHARES	CLAS	S	SERIES	PAR VALUE OR STATE NO PAR VALUE	
1,000	1,000 Common			\$0.0100	
	- 				
10. (a) Estimate, in do owned by the corporat				ollars, the value of the corporation's property nin Rhode Island during the following year:	
located: \$ 0.0000		\$ 0.0000			
			naad valva af iba s	property of the corporation to be located	

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year.	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year.	
\$_0.0000	\$_0.0000	
(c) Estimate, as a percentage , the proportion of the gross a from places of business in Rhode Island during the following transacted by the corporation during the following year. <i>Note percentage</i> .		
12. This application must be accompanied by a Certificate of the state or country under the laws of which it is incorporate	of Good Standing/Letter of Status issued by the proper officer of ad that is dated within 60 days of the filing of this document.	
13. Date when the Certificate of Authority will be effective: C	CHECK ONLY ONE BOX	
Date received (Upon filing)		
Later effective date (Date must be no more than 90 day	ys from the day of filing)	
Under penalty of perjury, I declare and affirm that I have exaccompanying attachments, and that all statements contains	emined this Application for Certificate of Authority, including any ned herein are true and correct.	
Type or Print Name of Authorized Officer	Date // /	
Loriann Lea Sharpe	4/6/2018	
Signature of Authorized Officer of the Corporation		

Attachment to Rhode Island

Corporate Purposes

Make, hold and direct investments and activities of its subsidiaries and to engage in any lawful act or activity for which corporations may be organized to do business under the laws of its jurisdiction of incorporation. Notwithstanding the foregoing, the purpose of the corporation is to engage in any lawful act or activity for which corporations may be organized to do business under the laws of its jurisdiction of incorporation.

Officers & Directors

1 Full Name: James P. Donaghey
Officer/Director: Officer, Director
Officer's Title: Vice President
Business Address: 974 Centre Road
City: Wilmington

State: DE ZIP Code: 19805

2 Full Name: James P. Donaghey

Officer/Director: Officer

Officer's Title: Assistant Treasurer
Business Address: 974 Centre Road
City: Wilmington

State: DE ZIP Code: 19805

3 Full Name: Calissa W. Brown

Officer/Director:
Officer's Title:
Vice President
Business Address:
974 Centre Road
City:
Wilmington

State: DE ZIP Code: 19805

4 Full Name: Calissa W. Brown

Officer/Director: Officer

Officer's Title:

Business Address:

City:

Assistant Secretary
974 Centre Road
Wllmington

State: DE ZIP Code: 19805

5 Full Name: Sharon E. Smith

Officer/Director: Officer

Officer's Title: Vice President
Business Address: 974 Centre Road
City: Wilmington

State: DE ZIP Code: 19805

6 Full Name: Sharon E, Smith

Officer/Director: Officer

Officer's Title: Assistant Treasurer
Business Address: 974 Centre Road
City: Wilmington

City: Wilmingt
State: DE
ZIP Code: 19805

7 Full Name: Robert J. Tuinstra Jr.

Officer/Director: Officer

Officer's Title: Assistant Treasurer
Business Address: 974 Centre Road

City: Wilmington

State: DE ZIP Code: 19805



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

DELAWARE, DO HEREBY CERTIFY "CORTEVA, 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 TENTH DAY OF APRIL, A.D. 2018.

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



6801238 8300 SR# 20182569999 Authentication: 202484742

Date: 04-10-18