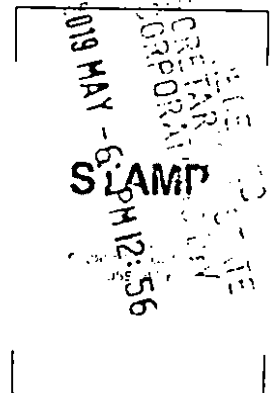




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Certificate of Authority**  
FOREIGN Non-Profit Corporation

→ Filing Fee: \$50.00

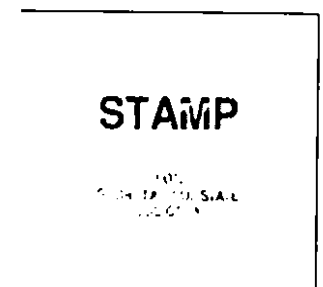


Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: ③		
<b>Genex Cooperative</b>		
1a. The name, if different, which it elects to use in Rhode Island is: ②		
*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.		
2. It is incorporated under the laws of: ② <b>Minnesota</b>		
3. The date of its incorporation is: ② <b>09/19/2018</b>		
And the period of its duration is: <b>CHECK ONLY ONE BOX</b> ②		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The address of its principal place of business is: ② <b>117 E. Green Bay St., P.O. Box 469, Shawano, WI 54166</b>		
5. The name and address of the initial registered agent/office in Rhode Island is: ③		
Agent Name <b>Corporation Service Company</b>		
Street Address (NOT a P.O. Box) <b>222 Jefferson Blvd., Ste. 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

**FILED**  
**MAY 06 2019**  
*VL S85WE*  
*12:56*



6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island: ☒

**Provides artificial insemination and livestock breeding services**

Check the box to indicate an attachment ☐

7. The names and respective addresses of its directors and officers are: ☒

OFFICE	NAME	ADDRESS
Director	Huub Te Plate	117 E. Green Bay St., Shawano, WI 54166
Director	Cees Hartmans	117 E. Green Bay St., Shawano, WI 54166
Director	David Mellinger	117 E. Green Bay St., Shawano, WI 54166
President	John J. Ruedinger	W7222 Cemetery Rd., Van Dyne, WI 54979
Vice President	Bobby Robertson	701 S. Muskogee Ave., Tahlequah, OK 74464
Treasurer	David Mellinger	117 E. Green Bay St., Shawano, WI 54166
Secretary	Ronald Totten	5810 Horseshoe Lk. Rd., Stafford, NY 14143

Check the box to indicate an attachment ☐

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing. ☒

*Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.* ☒

Type or Print Name of ☐ President OR ☐ Vice President

**John J. Ruedinger**

Date

**04/30/2019**

Signature of President OR Vice President

SIGN DOCUMENT HERE

Type of Print Name of ☒ Secretary OR

Assistant Secretary

**Ronald Totten**

Date

**04/30/2019**

Signature of Secretary OR Assistant Secretary

SIGN DOCUMENT HERE

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Genex Cooperative
Date Filed:	09/19/2018
File Number:	1032710900049
Minnesota Statutes, Chapter:	308B
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/13/2019



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

May 06, 2019 12:56 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

