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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 Fax Number : (850) 617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA0000000023 : (512)418-6949 Phone : (954)208-0845 **Enter the email address for this business entity to be used for future N annual report mailings. Enter only one email address please. **: Email Address: FLORIDA/FOREIGNEP/LLLP Connection Chemical, LP Certificate of Status Certified Copy 06 Page Count \$1,000.00 Estimated Charge DEC 1 1 2017

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HONOR ORIGINAL DATE 12-05-17

Help

COVER LETTER

TO:	Registration Section Division of Corporations		· (1 tř	
SUBJ	ECT: Connection Chemical, LP			
	Name of Foreign Limited P	artnership or Limite	d.Liability Lin	itted Partnership
partne	nclosed application, certificate of status an ership to transact business in Florida. e return all correspondence concerning this		to register a fo	oreign limited partnership or limited liability limited
Amb	er Keman			
	Contact Person		,	
Conn	ection Chemical, LP			
	Firm/Company		·	
104 F	heasant Run, Suite 104			
	Address	*		
New	own, PA 18940			
	City, State and Zip Code	· · · · · · · · · · · · · · · · · · ·		
	r@connectionchemical.com			
E-n	inil address: (to be used for fixture annual r	eport notification)		
For fi	irther information concerning this matter, p	olease call;		
Amb	er Keman	at (215	493-1240	
	Name of Contact Person	Area Cude	and Daytime	Telephone Number
Engle	sed is a check for the following amount:			
(S S)	1,000:00 Filing Fees S1,008.75 Filing 1965 Filing Fee and and Certificate of 15 Registered Agent Status			\$1,061.25 Filing Fee, Certified Copy, and Certificate of Status
Regis Divis Clifto 2661	EET ADDRESS: tration Section ion of Corporations in Building Executive Center Circle hassec, FL 32301	MAILING AI Registration St Division of Co P. O. Box 632 Tallahassee, F	ection orporations 7	

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

Acceptable Limited E	mited Partnership or Limited Liabilit armership suffixes: Limited Parmershi	y Limited Partnership, which must include p. Limited, L.P., LP. or Ltd. mited Liability Limited Partnership, L.L.L.P.			
If name unavnilable	, name under which the limited partners business in Florida;	nip or limited liability-limited partnership prop must contain acceptable suffix.	poses to register to transact		
2 Pennsylvania		3, 12/16/2010			
	ite or Country of Formation	Date of Formation			
4. Federal Employe	r Identification Number:				
5. Name of Register	ed Agent for Service of Process and F	orlda Street Address:			
C T Corporation Sys					
1200 South Pine Isla	nd Road				
Plantation, Florida 3	3324				
ny postiion as reg	istered agent. CT Corporation Sy:	ance of my duties, and I am familiar with and James M. Hat Assum Source of Registered Agents	pin		
7. Principal Office:		8. Mailing Address:			
2 Greenbriar Circle		104 Pheasant Run			
Newtown, PA 18940		Suite 104			
		Newtown, PA 18940			
9. If limited partne	rship is a limited hability limited part	nership, check box.	(n)		
10. Name, principa	l office address, and malling address o	of each general partner:	AH .		
Name of Genera	11-ined Chaminal Banklam III (•	œ		
Street Address:	2 Greenbriar Circle		٠		
Street Address:	Newtown, PA 18940	Street (*,ddress:			
	2 Greenbriar Circle	Prophiny Citate			
Mailing Address: 2 Greenoriar Circle Newtown, PA 18940		Mailing Address:			
Name of General	Partner	Name of General Partner:			
Street Address:		• •			
Street/Address:			<u></u>		
Mailing Address	·	Mailing Address:			
	·	Page 1 of 2			

		ER.			
Name of Gen	eral Partner:	Name of General Partner			
Street Address:		Street Address:			
			<u> </u>		
Mailing Address:		Mailing Address:			
Note: If the date	e, if other than the date of filing:	after the date this document is filed by the applicable statutory filing requirements, the	Florida Department of State:) Is date will not be listed as the		
12. Attached is a Florida Departme the law of which	nt of State, by the Secretary of State or	ed, not more than 90 days prior to the deliverance official having custody of the entity	very of this application to the s records in the Jurisdiction under		
Signed this 21st	day of November	mes fourth			
The individual signature of the submitted in a do	gning this document affirms that the fac	gnature of a general partner to stated herein are true and the individual strutes a third degree felony as provided fo	is aware that false information rin s.817.155, F.S.		
	Filing Poes:	\$1,000.00 (\$965 Filling Fee and \$35	Registered Agent Fee		
	Certified Copy (optional):	\$57.50	1.00		
	Certificate of Status (optional):	\$8.75	∵. G		
		Page 2 of 2	# <u>#</u> 8:		

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 11/22/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

CONNECTION CHEMICAL, LP

is duly registered as a Pennsylvania Limited Partnership under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

OF THE CO.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Certification Number: TSC171122120643-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify