# F1700000508

| (Requestor's Name)                      |                    |             |  |  |
|---|--------------------|-------------|--|--|
| (Address)                               |                    |             |  |  |
| (Address)                               |                    |             |  |  |
| (Cir                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | MAIT               | MAIL        |  |  |
| (Business Entity Name)                  |                    |             |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer. |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
|   |                    |             |  |  |
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|   |                    |             |  |  |

Office Use Only



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RECEIVED

17 FEB -2 PH 4:0

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O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT | NO. | : | I20000000195 |
|---------|-----|---|--------------|
|---------|-----|---|--------------|

REFERENCE: 496270 5039767

AUTHORIZATION : Frell Eleman

COST LIMIT : \$ 70.700

ORDER DATE: February 2, 2017

ORDER TIME: 3:28 PM

ORDER NO. : 496270-005

CUSTOMER NO: 5039767

#### FOREIGN FILINGS

NAME: RAVAGO CHEMICAL DISTRIBUTION,

INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER:

### **COVER LETTER**

| TO: Registration Section Division of Corporation  |   |             |  |  |
|---|---|-------------|--|--|
| RAVAGO (  | CHEMICAL DISTRIBU                           | ITION, INC  |  |  |
| SUBJECT:  | Name of corp                                | oration - r | nust include suffix  |  |
| Dear Sir or Madam:  |   |             |  |  |
| The enclosed "Applicatio "Certificate of Existence, above referenced foreign  | or "Certificate of Go                       | od Standii  | ng" and check are sub  |  |
| Please return all corresponding Elfand  | ndence concerning thi                       | s matter to | the following:   |  |
|   | N   | ame of Per  | son  |  |
| Ravago Chemical Distributi  | on, Inc.                                    |             |  |  |
|   | Fi  | rm/Compa    | ny   |  |
| 1900 Summit Tower Blvd.,  | Suite 900                                   |             |  |  |
|   |   | Address     |  |  |
| Orlando, FL 32810   |   |             |  |  |
|   | City  | /State and  | Zip codc   |  |
| melfand@ravagoamericas.c  | om  |             |  |  |
|   | E-mail address: (to b                       | e used for  | future annual report r   | notification)  |
| For further information co  | oncerning this matter,                      | please call | ;  |  |
| Mindy Elfand  | 4(<br>at (                                  | 07          | 875-6718   |  |
| Name of Person  |   | rea Code    | Daytime Telep  | hone Number  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |   |             | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  |
| Enclosed is a check for the   | ne following amount:                        |             |  |  |
| ☐ \$70.00 Filing Fee  | ☐ \$78.75 Filing Fee<br>Certificate of Stat |             | 378.75 Filing Fee &<br>Certified Copy  | ☐ \$87.50 Filing Fec,<br>Certificate of Status &<br>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.  | al Distribution, Inc.   |  |
|---|---|--|
| (Enter name of co<br>"Inc.," "Co.," "Co                     | orporation; must include "INCORPORATED," " orp," "Inc," "Co," or "Corp.")   | COMPANY," "CORPORATION,"   |
| (If name unavaila   | able in Florida, enter alternate corporate name add   | opted for the purpose of transacting business in Florida)  |
| Illinois  | 36  | 5-2774603  |
| 2. (State or countr   | y under the law of which it is incorporated)  | (FEI number, if applicable)  |
| July 9, 1973  | , ,   |  |
| l(Date  | of incorporation) 5.  | (Date of duration, if other than perpetual)  |
| upon approval o   |   | (,,,,,,  |
| 1900 Summit Tov   | (Date first transacted business in Fi<br>(SEE SECTIONS 607.1501 & 607.1502<br>wer Blvd., Suite 900, Orlando, FL 32810 |  |
|   | (Principal  | office address)  |
|   | (Current mailing a  | address, if different)   |
| 3. Name and stree   | et address of Florida registered agent: (P.O. 1   | Box NOT acceptable)  |
| Name:   | Corporation Service Company   |  |
| Office Address:   | 1201 Hays Street  | _  |
|   | Tallahassee   | , Florida  |
|   | (City)  | (Zip code)   |
| Having been nam<br>designated in this<br>further agree to c | application, I hereby accept the appointme.   | of process for the above stated corporation at the plac<br>nt as registered agent and agree to act in this capacity.<br>ative to the proper and complete performance of my<br>ny position as registered agent. |
| C   | orporation Service Company  | Courtney Williams  |
| <u>B</u>  | y: Emily  | Asst. Vice President   |
|   | (Registered age   | ent'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.

1

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Director James Duffy 1900 Summit Tower Blvd., Suite 900, Orlando, FL 32810 Address: Jeffrey Bittenbinder 1900 Summit Tower Blvd., Suite 900, Orlando, FL 32810 Address: John Provost 1900 Summit Tower Blvd., Suite 900, Orlando, FL 32810 Address: \_ **B. OFFICERS** James Duffy President: 1900 Summit Tower Blvd., Suite 900 Address: Orlando, FL 32810 Lori Hilson Vice President: 1900 Summit Tower Blvd., Suite 900 Address: Orlando, FL 32810 John Provost Secretary: 1900 Summit Tower Blvd., Suite 900, Orlando, FL 32810 Jeffrey Bittenbinder Treasurer: 1900 Summit Tower Blvd., Suite 900, Orlando, FL 32810 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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

(Typed or printed name and capacity of person signing application)

a third degree felony as provided for in s.817.155, F.S.

John Provost, Secretary

#### File Number

5027-138-2



## To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

RAVAGO CHEMICAL DISTRIBUTION, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 09, 1973, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of FEBRUARY A.D. 2017.

Authentication #: 1703302080 verifiable until 02/02/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE