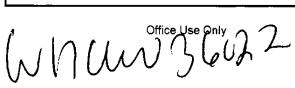
L17000145243

| (Red | uestor's Name) | |
|---------------------------|-------------------|-----------|
| | > | |
| (Add | lress) | |
| (Add | lress) | |
| | | |
| (City | /State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bus | siness Entity Nan | ne) |
| (Day | | |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| | | |
| Special Instructions to F | Filing Officer: | |
| | | |
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| | | |
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JUL 0 6 2017

T. SCOTT



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04/25/17--01023--012 **150.00

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April 26, 2017

TOMIKA M STENSON VWR INTERNATIONAL LLC 100 MATSONFORD ROAD, SUITE 200 BUILDING RADNOR, PA 19087

SUBJECT: MESM, LLC

Ref. Number: W17000036022

We have received your document for MESM, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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) 245-6052.

Tyrone Scott Regulatory Specialist II

Letter Number: 017A00008177

COVER LETTER

| Division of C | Corporations | | | |
|--|--|---------------------------------------|--------------------------------------|--|
| SUBJECT: MESM, I | LLC | | | |
| 50702011 | | sulting Florida Limi | ted Con | npany) |
| | | | | d fees are submitted to convert an "Other coordance with s. 605.1045, F.S. |
| Please return all corr | espondence concerning | g this matter to: | | |
| Tonika M. Stenson | | | | |
| | (Contact Person) | | - | |
| VWR International, LLC | | | | |
| | (Firm/Company) | | - | |
| 100 Matsonford Road, S | uite 200, Building One | | | |
| | (Address) | | - | |
| Radnor, PA 19087 | | | | |
| ((| City, State and Zip Code) | | - | |
| tonika.stenson@vwr.com | 1 | | | |
| E-mail Address: (to b | e used for future annual re | port notifications) | - | |
| For further information | on concerning this ma | tter, please call: | | |
| Tonika M. Stenson | | at (⁶¹⁰ | 386.1 | 766 |
| (Name of Conta | ct Person) | (Area Code) | (Day | 766 rtime Telephone Number) |
| | or the following amou a bank located in the | • | rocess | sed by this office must be payable in US |
| \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$155.00 Filing Fees and Certificate of Status | □\$180.00 Filing and Certified Cop | | \$185.00 Filing Fees, Certified Copy, and Certificate of Status |
| STREET ADDRESS | S: | | | DDRESS: |
| New Filing Section Division of Corporati | one | | ling Section | |
| Clifton Building | IUII3 | | ision of Corporations D. Box 6327 | |
| | | | ahassee, FL 32314 | |

32301

Circle Tallahassee, FL

TO: New Filing Section

Articles of Conversion

For

"Other Business Entity"

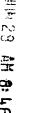
Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

| 1. The name of the Other Business Entity" immediately prior to the filing of the Articles of Conversion is: |
|---|
| (Enter Name of Other Business Entity) |
| 2. The "Other Business Entity" is a Corporation |
| (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.) |
| First organized, formed or incorporated under the laws of Florida |
| $(\Gamma_{-})_{+}$ |
| on April 1, 2012 (Enter state, or it a non-U.S. entity, the name of the country) (date of organization, formation or incorporation) |
| 3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: |
| MESM, LLLC |
| (Enter Name of Florida Limited Liability Company) |
| 4. If not effective on the date of filing, enter the effective date: |
| (The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 calendar days |
| after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. |
| 5. The plan of conversion has been approved in accordance with all applicable statutes. |
| 6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to |

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.





| Signed this 10th day of April | 20 <u>17</u> |
|---|-------------------------|
| Signature of Authorized Representative of Lim | ited Liability Company: |
| Signature of Authorized Representative: | 2 |
| Signature of Authorized Representative: | |
| Printed Name: Scott K. Baker | Title: Secretary |
| Signature(s) on behalf of Other Business Entity: | |
| Signature: | |
| Printed Name: Scott K. Baker | Title: Secretary |
| Signature: | |
| Printed Name: | Title: |
| | |
| Signature: | m: 1 |
| Printed Name: | Title: |
| Signature: | |
| Signature:Printed Name: | Title: |
| | |
| Signature: | T'd. |
| Printed Name: | Title: |
| Signature: | |
| Printed Name: | Title: |
| VANS. A.A. G | |
| If Florida Corporation: | 065 |
| Signature of Chairman, Vice Chairman, Director, or | |
| If Directors or Officers have not been selected, an In | corporator must sign. |
| <u>If Florida General Partnership or Limited Liabili</u> | ty Partnership: |
| Signature of one General Partner. | |
| ICPIncial Provided Days and the Activities 1919 | |
| <u>If Florida Limited Partnership or Limited Liabili</u> Signatures of ALL General Partners. | ty Limited Partnersnip: |
| orginatures of <u>Freds</u> General Farmers. | |
| All others: | |
| Signature of an authorized person. | |
| Fees: | |
| Articles of Conversion: | \$25.00 |
| Fees for Florida Articles of Organization: | \$125.00 |
| Certified Copy: | \$30.00 (Optional) |
| Certificate of Status: | \$5.00 (Optional) |
| | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

| The name of the Limited Liability Company is: | |
|--|--|
| MESM, LLC | |
| (Must contain the words "Limited Liability | Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | incinal affice of the Limited Lightlity Company is |
| The maining address and street address of the pri | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2280 Commerce Court | 100 Matsonford Road, Suite 200 |
| Bowling Green, FL 33873 | Building One |
| | Radnor, PA 19087 |
| Corporation Service Company Name 1201 175 Florida street address (P.O. | Street Box NOT acceptable) |
| 1 Hughnsse | FL 32301 |
| City | Zīp |
| liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete pe | accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and issered agent as provided for in Chapter 605, F.S Paul Gottlieb Vice President |

| "A | <u>tle:</u> MBR" = Authorized Membe 4GR" = Manager | Name and Address: |
|--------------|--|--|
| | GR | Douglas J. Pitts |
| | | 100 Matsonford Road, Suite 200, Building One |
| | | Radnor, PA 19087 |
| М | GR | James M. Kalinovich |
| | | 100 Matsonford Road, Suite 200, Building One |
| | | Radnor, PA 19087 |
| | | |
| _ | | |
| | | |
| | | |
| | | |
| | | |
| (U | se attachment if necessary) | |
| ידורו ו | W. Effective data if other t | nan the date of filing: . (OPTIONAL) |
| | | must be specific and cannot be more than five business days |
| | r 90 calendar days after the | · |
| | | meet the applicable statutory filing requirements, this date will not be listed as the |
| ument's e | effective date on the Department of | State's records. |
| dinoin 5 | E VI: Other provisions, if any | |
| | | • |
| | 5 vi. Other provisions, it any | |

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Scott K. Baker

ARTICLE IV-

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)