L1800231051

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	
(D	Ocument Number)	
Certified Copies	Certificates of Sta	atus
Special Instructions to	o Filing Officer:	

Office Use Only

M. MOON OCT 0 2 2018

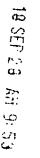


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SUNSHINE CORPORATE FILING OF FLORIDA INC.

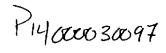
3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 9/28/2018	
	**WALK
ENTITY NAME	BIOSOLUTIA, LLC
DOCUMENT NUMBE	ER
	PLEASE FILE THE ATTACHED AND RETURN
	Plain Copy
	Certified Copy
	Certificate of Status
XXXXXX	CERTIFIED COPY OF CONVERSION AND FORMATION AND CERTIFICATE OF STATUS FOR BOTH
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing **APOSTILLE' / NOTARIAL CERTIFICATION** FICATES REQUESTED CHECK # 5306
	APOSTILLE' / NOTARIAL CERTIFICATION forming
COUNTRY OF DESTI	INATION
NUMBER OF CERTIF	FICATES REQUESTED
TOTAL OWED	212.50 CHECK #_ 5306
	at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO:	New Filing S Division of C				
SIIB	IECT:	SioSolutia, LLC			
3000	100 i	(Name of Rest	Iting Florida Limited Com	pany)	
The c Busin	nclosed Article less Entity" into	es of Conversion, Articl o a "Florida Limited Lia	es of Organization, and ability Company" in ac	I fees are submitted to convicordance with s. 605.1045,	ert an "Other F.S.
Pleas	e retum all con	respondence concerning	this matter to:		
J.	im Long				
		(Contact Person)			
E:	ioSolutia,	LLC			
		(Firm/Company)			
6	iù Cresce:	at Executive Co	urt #200		
		(Address)			
La	ike Mary,	FL 32746			
		(City, State and Zip Code)			
J	ia.Long@bi	losolutia.com			
		be used for future annual re	port netifications)		
For f	further informa	tion concerning this ma	tter, please call:		
				259-6721	
	(Name of Cor	lexander stact Person)	(Area Code) (Day	ytime Telephone Number)	
Encl	osed is a check		ant: (All checks proces	sed by this office must be p	<u> </u>
(\$25 & \$1	i 50.00 Filing Fees for Conversion 25 for Articles ganization)	☐ \$155.00 Filing Fees and Certificate of Status	☐\$180.00 Filing Fees and Certified Copy	ES185.00 Filing Fees, Certified Copy, and Certificate of Status	SEP 28
_		100	MAILING .	* , anndess.	## % % %
	REET ADDRE / Filing Section		New Filing S		۾ ج
	ision of Corpor			Corporations	<i>ن</i> : ت
	ton Building		P. O. Box 63		
	! Executive Ce abassee, FL 31		Tallahassee,	FL 32314	

(SHS1: (7/17)



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

Statutes.		
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of C	onversion	ı is:
BioSolutia, Inc. (Enter Name of Other Business Entity)		
2. The "Other Business Entity" is a <u>corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or	r business ti	nist, etc.)
First organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of	of the countr	- г у)
on 4/3/2014		
On 4/3/2014 (dute of organization, formation or incorporation)		
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of	f Organiz	ation:
BioSolutia, DEC		
(Enter Name of Florida Limited Liability Company)		
4. If not effective on the date of filing, enter the effective date: (The effective date: Cannot be prior to date of receipt or filed date nor more than 90 cale the date this document is filed by the Florida Department of State.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will necessarily effective date on the Department of State's records.		
5. The plun of conversion has been approved in accordance with all applicable statutes.		
 The "Converted or Other Business Entity" has agreed to pay any members having appraisal right which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S. 	ats the am	oungto
	क्ष	를 5 - 9:53

Signed th	nis day ofOctober	20_18		
61	on at Authorized Representative of Limite	d Liability Company:		
Signature Printed N	e of Authorized Representative:	Title:	er	
	(ee below for required signature(s)		
	Same: Jord Court Th			
Signatur Printed!	e:	Title:		
Signatur Printed l	e:	Title:		
Signatur Printed	Name	Title:		
Signatu Printed	re:	Title:		
Signatu Printed	re:Name:	_ Title:		
<u> </u>	Ida Corporation: ire of Chairman, Vice Chairman, Director, or (ctors or Officers have not been selected, an Inc	Officer. Porporator inust sign.		
lf Flor	ida <u>General Partnership or Limited Llabili</u> ire of one General Partner			
It Flor Signati	ida <u>Limited Partnership or Limited Liabili</u> ires of <u>ALL</u> General Partners.	y Limited Partnership:		
<u>All oth</u> Signati	ners: ore of an authorized person.			
Fees:				
	Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	Allanter	18 SEP 29
				2
			ಳು	9.55

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ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILI	TY COM	PANY	7
ARTICLE I - Name: The name of the Limited Liability Comp	any is:			
BioSolutia, LLC				
(Must contain the words "Limited	d Liability Company, "L.L.C.," or "LI,C.")			
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Li	ability Con	npany i	is:
Principal Office Address:	Mailing Address:			
610 Crescent Executive Court #200 Lake Mary, FL 32746	610 Crescent Executive Court #20 Lake Mary, FL 32746	0		
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)	istered Office, & Registered Agent's sn Registered Agent. You must designate an indivi	Signature	ሮ: r	
The name and the Florida street address of	of the registered agent are:			
James P. Long, Jr.				
	Name			
610 Crescent Executive C	Court #200			
Florida street addres	ss (P.O. Box NOT acceptable)			
Lake Mary	FL 32746			
City	Zip			
registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position	nated in this certificate, I hereby accept	the appoint th th <mark>e pro</mark> vi am familiar	tment a isions o with a	is of all ind
(CO	ONTINUED)	Section 1	18 SEP 28 AB 9	
		0	9. 9.	

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	BioSolutia Holdings II, Inc.
	o10 Crescent Executive Court #200
	Lake Mary, FL 32746
	-
	
	······································
(Use attachment if necessary) ARTICLE V: Other provisions, if any.	
ANTICLE V. Other provisions, it any.	
This document is executed in accordance	an authorized-representative of a member with section 605.0203 (1) (b). Florida Statutes, I am aware that ment to the Department of State constitutes a third degree felony
Jim Long, President of BioSolutia Holdin	ngs H. Inc.
T _{V'}	ped or printed name of signee
•••	Filing Fees
\$125.00 Filing Fee for Articles of	f Organization and Designation of Registered Agent
# 10.00 C .: # 1.0 . // /!	
5 30.00 Certified Copy (Option,	al) \$ 5.00 Certificate of Status (Optional)

AH 9: 53