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| Dertified Copies | | Certificat | tes of S | Status |
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| Special Instructions | to F | iling Officer: | | |
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Office Use Only



500255393345

14 JAN 28 AM 9: 04

C. LEWIS JAN 2 9 2014 **EXAMINER**



| ON SERVICE COMPANY | | | | | | |
|---|--|--|--|--|--|--|
| ACCOUNT NO. : I2000000195 | | | | | | |
| REFERENCE : 976679 4351017 | | | | | | |
| AUTHORIZATION : Spullice san | | | | | | |
| COST LIMIT : \$ 160.00 | | | | | | |
| ORDER DATE : January 27, 2014 | | | | | | |
| ORDER TIME : 9:19 AM | | | | | | |
| **PLEASE FILE 2ND** ORDER NO. : 976679-025 CONVERSION FILED IN DOMESTIC STATE | | | | | | |
| WITHDRAWAL IS FILE 1ST, CUSTOMER NO: 4351017 | | | | | | |
| | | | | | | |
| FOREIGN FILINGS | | | | | | |
| | | | | | | |
| NAME: CL PRODUCTS INTERNATIONAL, LLC | | | | | | |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING | | | | | | |
| | | | | | | |
| CONTACT PERSON: Susie Knight EXT# 52956 | | | | | | |
| EXAMINER: | | | | | | |



14 JAN 28 AH 9: 04

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA:

| LIMITED LIABILITY COMP. | ANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: |
|--|---|
| CL PRODUCTS INTE | RNATIONAL, LLC |
| (Name of Foreign L | imited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") |
| If name unavailable, enter consent of the managers or Company," "L.L.C," "LLC | alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written managing members adopting the alternate name. The alternate name must include "Limited Liability") |
| 2. ILLINOIS | 3 |
| (Jurisdiction under the la company is organized) | w of which foreign limited liability 3. (FEI number, if applicable) |
| 4 . | |
| | (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) |
| 5. 10521 MILLINGTON | COURT, SUITE B |
| CINCINNATI, OH 45 | 5242 |
| | (Street Address of Principal Office) |
| 6. 10521 MILLINGTON | COURT, SUITE B |
| CINCINNATI, OH 45 | 242 |
| | (Mailing Address) |
| 7. The name, title or of CLP CANDLE, LLC, ABY: MAYANK SINGH | capacity and address of the person(s) who has/have authority to manage is/are: A DELAWARE LIMITED LIABILITY COMPANY, MANAGER I. VICE PRESIDENT |
| 10521 MILLINGTON CC | DURT, SUITE B |
| CINCINNATI, OH 4524 | 2 |
| in the jurisdiction under the translation of the certificate under (In accordant | rificate of existence, no more than 90 days old, duly authenticated by the official having custody of records law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a under eath of the translator must be submitted.) Signature of an authorized person ce with section 605.0203. F.S., the execution of this document constitutes an affirmation under the perjury that the facts stated herein are true. I am aware that any false information submitted in a |
| | to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) MAYANK SINGH, VICE PRESIDENT OF CLP CANDLE, LLC |
| • | Typed or printed name of signee |

14 JAN 28 AM 9: 05

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 2. The name and the Florida street address of the registered agent and office are: Corporation Service Company (Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Talkahassee FL City/State/Zip | CL PRODU | CTS INTERNATIONAL, LLC | | |
|--|--------------|--|---|--|
| Corporation Service Company (Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301 | If unavailab | ole, the alternate to be used in the | he state of Florida is: | |
| (Name) 1201 Hays Street Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301 | 2. The nam | e and the Florida street address | s of the registered agent and office are: | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301 | | Corporation Service Compa | лу | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) Tallahassee FL 32301 | | ************************************** | (Name) | ************************************** |
| Tallahassee FL 32301 | | 1201 Hays Street | | |
| FL FL | | Florida Street A | ddress (P.O. Box NOT ACCEPTABLE) | <u></u> |
| City/State/Zin | | Tallahassee | FL 32301 | |
| City state of | | | City/State/Zip | |

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida

Statutes.

Corporation Service Company

Sue G. Knight

Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number

0455539-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

CL PRODUCTS INTERNATIONAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 23, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



Authentication #: 1402702074

Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 27TH

day of JANUARY

A.D.

2014

esse White

SECRETARY OF STATE