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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

3/21/14

NAME:

PEROXYCHEM LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

UBJECT: PeroxyChem LLC	Name of Limited Liability Company		
	Name of Emiliary Company		
	ed Liability Company for Authorization to Transact Business in Florida." Certificat or the above referenced foreign limited liability company to transact business in Flor		
ease return all correspondence concerning	this matter to the following:		
	Jay Bertsch		
	Name of Person		
F	Peroxychem LLC		
· · · · · · · · · · · · · · · · · · ·	Firm/Company		
1735	Market Street, 16th Floor		
4-7-1-4-1-1-4-1-1-4-1-1-4-1-1-4-1-1-4-1-1-4-1-1-4-1-1-4-1-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4	Address		
Philadel	lphia, PA 19103		
	City/State and Zip Code		
• •	bertsch@fmc.com		
E-mail add	lress: (to be used for future armual report notification)		
or further information concerning this matter	r, please cuil;		
Jay Bertsch	at ()		
Name of Person	Area Code Daytime Telephone Number		
MAILING ADDRESS: Division of Corporations	STREET ADDRESS: Division of Corporations		
Registration Section	Registration Section		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassec, Fl. 32301		
closed is a check for the following a	amount:		
	Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate		

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATOTES, THE POLLOWING IS SOBMITTED TO REGISTER LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	A FOREIGN
, PeroxyChem LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L Company," "L.L.C," "L.I.C.")	
2. Delaware 3.	
(Jurisdiction under the law of which foreign limited liability (FEI number, il' applicable) company is organized)	
4, March 1, 2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	SEC ALL
5. 1735 Market Street, 16th Floor, Philadelphia, PA 19103	<u> </u>
	SSE
(Street Address of Principal Office)	- Frit
1735 Market Street, 16th Floor Philadelphia, PA 19103	<u></u>
**	
(Majling Address)	
· · ·	_
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Joseph P. Huffsmith - Manager, 1735 Market Street, 16th Floor, Philadelphia, PA 19103	
Tom Kichler - Manager, 1735 Market Street, 16th Floor, Philadelphia, PA 19103	
Attached is an original certificate of existence, no more than 90 days old, duly anthenticated by the official having custody on the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languaristation of the certificate under oath of the analystator must be submitted.) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an aftirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a	agc, a
document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.) Jay Bortsch	
Typed or printed name of signee	

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.

1. The name of the Limited Liability Compan	y is:				
PeroxyChem LLC		·			
If unavailable, the alternate to be used in the st	tate of Florida i	s:			
2. The name and the Florida street address of	the registered a	gent and office are:	TALL		(Print, aller)
National Corpo	orate Rosearch	, Ltd., Inc.	RETV AHA	14 MAR 2	
	(Name)		TARY O	2	- Personal
155 Office Plaza Drive			K i		
Florida Street Addre	ss (P.O. Box NOT	ACCEPTABLE)	F STATE FLORIDA	خ د (
Tallahassee	FL_	32301	A	7	
	City/State/Zip				

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

(Signature)

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PEROXYCHEM LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTY-FIRST DAY OF MARCH, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PEROXYCHEM LLC" WAS FORMED ON THE SECOND DAY OF DECEMBER, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE

5441258 8300

140363414

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 1228399

DATE: 03-21-14

You may verify this certificate online at corp.delaware.gov/authver.shtml