Page I of I

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (050)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

#### Foreign Limited Liability Company Diversified Pure Chem LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

APR 28 2015

S. YOUNG

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Corporate Filing Menu

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**COVER LETTER** 

TO: Registration Section Division of Corporations	
SUBJECT: Diversified Pure Chem LLC	
	ne of Limited Liability Company
	oility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this ma	atter to the following:
Paul A Caponigri	
	Name of Person
Diversified CPC International, Inc	
	Firm/Company
24338 West Durkee Road	
	Address
Channahon, IL 60410	
	City/State and Zip Code
pesponigri@diversifiedepe.com	
E-mail address:	: (to be used for future annual report notification)
For further information concerning this matter, plea	ise call:
	· · · · · · · · · · · · · · · · · · ·
Paul A Caponigri	at (815 ) 424-2000  Area Code Daytime Telephone Number
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS:	
Division of Corporations	
Registration Section P.O. Box 6327	Registration Section Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
18/18/1855CC, 1 G 32514	Tallahassee, FL 32301
Enclosed is a check for the following amount	· · · · · · · · · · · · · · · · · · ·
□ \$125.00 Filing Fee □ \$130.00 Filing Certificate of	ng 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 STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA:

1. Diversified Pure Chem LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Compan	y," "L.L.C" or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. Liability Company," "L.L.C," or "LLC.")	The alternate name must include "Limited
2. Delaware 3. 32-0375273	
	imber, if applicable)
4. May 4, 2015	
(Date first transacted business in Florida, if prior to registration (See sections 605.0904 & 605.0905, F.S. to determine penalty liab	.) ility)
5. 11050 South Hwy 287	
Rhome, TX 76078	
(Street Address of Principal Office)	
6. 11050 South Hwy 287	
Rhome, TX 76078	<u>ं ं जे</u>
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have au	thority to manage is/are:
	27
William N. Auriemma - President - 24338 West Durkee Road, Channahon, IL 60410	0
Paul A Caponigri - CFO-24338 West Durkee Road, Channahon, IL 60410	
	A 8
8. Attached is an original certificate of existence, no more than 90 days old, having custody of records in the jurisdiction under the law of which it is orgacceptable. If the certificate is in a foreign language, a translation of the certificate be submitted)	anized. (A photocopy is not
Palace	
Signature of an authorized person (in accordance with section 605.0203, F.S., the execution of this document constitutes as affirmation under the part aware that any false information submitted in a document to the Department of State constitutes a third degree	enalties of perjury that the facts stated herein are true, e felony as provided for in s.\$17,155, F.S.)
Paul A Caponigri	
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.

If unavailab	ole, the alternate to be used in the	e state of Florida is:	
2. The nam	ne and the Florida street address	of the registered agent and office a	are:
	C T Corporation System		
		(Name)	
	1200 South Pine Island Road		
	Florida Street Add	dress (P.O. Box NOT ACCEPTABLE)	PR 2
	Plantation	FL 33324	
	<del></del>	City/State/Zip	-
Havino hee	npany at the place designated in .	to accept service of process for the this certificate, I hereby accept the acity. I further agree to comply wi	appointment as
liability con registered of statutes rela	ating to the proper and complete,	performance of my dutles, and I an istered agent as provided for in Cha	n familiar with and
liability con registered of statutes relo accept the o	ating to the proper and complete,	performance of my duties, and I am	n familiar with and

\$ 5.00 Certificate of Status (optional)

# Delaware

DACE

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "DIVERSIFIED PURE CHEM 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-SEVENTH DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5132674 8300

150569126

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

Jeffrey W. Bullack, Secretary of State

AFFTHENTY CATTON: 2324190

DATE: 04-27-15