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JUN 10 2015 J SHIVERS



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2015

TIM DOLAN 10955 LOWELL SUITE 600 OVERLAND PARK, KS 66210

SUBJECT: MERIDIAN CHEMICALS, LLC

Ref. Number: W15000036199

We have received your document for MERIDIAN CHEMICALS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of 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) 245-6051.

Letter Number: 515A00010799

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

	istration Section ision of Corporations					
SUBJECT:	Meridian Chemicals LLC Name of Limited Liability Company					
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.					
Please return	all correspondence concerning this matter to the following:					
	Tim Delan Name of Person					
	Mesidian Chemicals, LLC Firm/Company					
10955 Lowell, Suite GOC						
	Overland Park KS 66210 City/State and Zip Code					
	E-mail address: (to be used for future annual report notification)					
For further i	nformation concerning this matter, please call:					
	Tim Oolan at (913) 253-2220 Name of Contact Person Area Code Daytime Telephone Number					
Di ^o Re P.C	STREET ADDRESS: Division of Corporations gistration Section Box 6327 Bahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
	a check for the following amount: \$125.00 Filing Fee					

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: (Name of Foreign Limited Liability Company; must include Chemicals, LLC nust include "Limited Liability Com (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Ve laware 45 - 2485303 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 10955 Lowell. Suite 600 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: , Florida Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Overland Park, KS 66210 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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.

	the Limited Liability Comp Lecidian C	pany is: <u>hemicals</u> , LhC.	·		
If unavailable,	he alternate to be used in the	e state of Florida is:			
2. The name an		of the registered agent and office are:	Pr. C		
	C T Corporation System			5	
		(Name)	출성	MIL	1831
	1200 South Pine Island Road		IARN	W 0	en e
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			A	O CONTRACT
				9.	CHRIST
	Plantation	FL 33324		0	"Heart
		City/State/Zip	\$ 17 m	(1)	

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.

By: C T Corporation System (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 "MERIDIAN CHEMICALS, 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 EIGHTEENTH DAY OF MAY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MERIDIAN CHEMICALS, LLC" WAS FORMED ON THE EIGHTEENTH DAY OF FEBRUARY, A.D. 2015.

15 JUN 10 AM 9: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5693896 8300

150703260

AUTHENT CATION: 2387305

DATE: 05-18-15

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