M18000000237

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301..

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 994896 118962A
AUTHORIZATION: Spretche mol
COST LIMIT : (\$\frac{1}{2}5.00
ORDER DATE : January 4, 2018
ORDER TIME : 8:47 AM
ORDER NO. : 994896-040
CUSTOMER NO: 118962A
····
FOREIGN FILINGS
NAME: EASTMAN PERFORMANCE FILMS, LLC
XXXX QUALIFICATION (TYPE: CO)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

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:

	eign Limited Liability Company; must inc	:lude "Limited Liability Company," "L.L.C	C.," or "LLC.")
f name unavailable, enter al	ternate name adopted for the purpose of I	transacting business in Florida. The alterna	ate name must include "Limited
ability Company," "L.L.C,"	or LLC.)	. 06-0385340	
DE	of which foreign limited liability	3. (FEI number, if appl	(cable)
company is organized)	of which foreign minica habitity	(i El nomosi, ii app	104010)
01/01/2018			
	(Date first transacted business in	n Florida, if prior to registration.) 5, F.S. to determine penalty liability)	700 mg/l
575 Maryville Centre I	Drive, St. Louis, MO 63141		
			<u> </u>
	(Street Address of Prince	ripal Office)	
575 Maryville Centre I	Drive, St. Louis, MO 63141		—— · · · · · · · · · · · · · · · · · ·
	(Mailing Addr	ress)	
	en it it it is a month	Day NOT apportable)	
Name and street addres	ss of Florida registered agent: (P.O. I	Box NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
Office Address.			
	Tallahassee	, Florida 32301 (Zip co	
egistered agent's accep	(City)	(21) 00	uc)
laving heen named as te	egistered agent and to accept service	of process for the above stated limite	d liability company at the plac
esignated in this annlica	ation. I hereby accept the appointmen	nt as registered agent and agree to ac	d in this capacity. I further ag
	ions of all statutes relative to the prof my position as registered agent.	per and complete performance of my	ausco, and I am juminos made
complywun ine provisi		$\Omega \sim N / I_{A}$	Emily Can
complywun the provisi cept the obligations of .	_	The 11 1/2/-	
complywun the provisi cept the obligations of	By:	mily loft	Emily Croft
complywun the provisi	By:	d agent's signature)	Asst. Vice President
ccept the obligations of	By: (Registered	d agent's signature) no has/have authority to manage is/are:	Asst. Vice President
3. The name, title or cap	By: (Registered	no has/have authority to manage is/are:	Asst. Vice President
3. The name, title or cape	By: (Registered	no has/have authority to manage is/are:	Asst. Vice President
The name, title or cape H. Keith Jennings, Mana B. Travis Smith, Manage	By: (Registered active and address of the person(s) who ger, 200 S. Wilcox Drive, Kingsport,	no has/have authority to manage is/are: , TN 37660 ouis, MO 63141	Asst. Vice President
B. The name, title or cape H. Keith Jennings, Manage B. Travis Smith, Manage David A. Woodmansee, 1	By: (Registered sacity and address of the person(s) who ger, 200 S. Wilcox Drive, Kingsport, etc., 575 Maryville Centre Drive, St. Low Manager, 200 S. Wilcox Drive, Kingsport, Manager, Manager	no has/have authority to manage is/are: , TN 37660 ouis, MO 63141 esport, TN 37660	Asst. Vice President
The name, title or cape H. Keith Jennings, Manage David A. Woodmansee, I	By: (Registered active and address of the person(s) who ger, 200 S. Wilcox Drive, Kingsport, etc., 575 Maryville Centre Drive, St. Low Manager, 200 S. Wilcox Drive, Kingse of existence, no more than 90 days of	no has/have authority to manage is/are: , TN 37660 ouis, MO 63141 esport, TN 37660 old, duly authenticated by the official l	Asst. Vice President
The name, title or cape H. Keith Jennings, Manage B. Travis Smith, Manage David A. Woodmansee, I	By: (Registered racity and address of the person(s) what ger, 200 S. Wilcox Drive, Kingsport, etc., 575 Maryville Centre Drive, St. Low Manager, 200 S. Wilcox Drive, Kingsport, etc., of existence, no more than 90 days of which it is organized. (If the certification of the person(s) who address of the person of th	no has/have authority to manage is/are: , TN 37660 ouis, MO 63141 esport, TN 37660	Asst. Vice President
The name, title or cape H. Keith Jennings, Manage B. Travis Smith, Manage David A. Woodmansee, I	By: (Registered racity and address of the person(s) what ger, 200 S. Wilcox Drive, Kingsport, etc., 575 Maryville Centre Drive, St. Low Manager, 200 S. Wilcox Drive, Kingsport, etc., of existence, no more than 90 days of which it is organized. (If the certification of the person(s) who address of the person of th	no has/have authority to manage is/are: , TN 37660 ouis, MO 63141 esport, TN 37660 old, duly authenticated by the official l	Asst. Vice President
The name, title or cape Keith Jennings, Manage Travis Smith, Manage Oavid A. Woodmansee, I	By: (Registered active and address of the person(s) who ger, 200 S. Wilcox Drive, Kingsport, etc., 575 Maryville Centre Drive, St. Low Manager, 200 S. Wilcox Drive, Kingse of existence, no more than 90 days of which it is organized. (If the certification in the company of the certification in the cert	no has/have authority to manage is/are: , TN 37660 ouis, MO 63141 sport, TN 37660 old, duly authenticated by the official lificate is in a foreign language, a transli	Asst. Vice President
3. The name, title or cape H. Keith Jennings, Manage David A. Woodmansee, I	By: (Registered active and address of the person(s) who ger, 200 S. Wilcox Drive, Kingsport, etc., 575 Maryville Centre Drive, St. Low Manager, 200 S. Wilcox Drive, Kingse of existence, no more than 90 days of which it is organized. (If the certification in the company of the certification in the cert	no has/have authority to manage is/are: , TN 37660 ouis, MO 63141 esport, TN 37660 old, duly authenticated by the official l	Asst. Vice President having custody of records in the

Typed or printed name of signee

David A. Woodmansee, Manager



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

DELAWARE, DO HEREBY CERTIFY "EASTMAN PERFORMANCE FILMS, 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 FOURTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EASTMAN

PERFORMANCE FILMS, LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF

APRIL, A.D. 1932.

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

Authentication: 201919883

Date: 01-04-18