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(F	Requestor's Name)				
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of S	Status			
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D SCOTT



February 1, 2018

ELIZABETH MALDONADO 2801 POST OAK BLVD SUITE 600 HOUSTON, TX 77056

SUBJECT: WESTLAKE COMPOUNDS LLC

Ref. Number: W18000010480

We have received your document for WESTLAKE COMPOUNDS LLC and your check(s) totaling \$125.00. 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 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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 718A00002151



## **COVER LETTER**

TO:

	on of Corporation				
arin in am	estlake Compound				
			Limited Liability	Company	
The enclosed "A Existence, and o	Application by For theck are submitted	eign Limited Liability Comp I to register the above refer	pany for Authoriza enced foreign limi	ation to Transact Busin ted liability company	ness in Florida," Certificate o to transact business in Florid
Please return all	correspondence of	oncerning this matter to the	following:		
	Elizabeth Mald	onado			
		N	ame of Person		<del></del>
	Westlake Chem	ical Corporation			
		F	irm/Company		
	2801 Post Oak	Blvd., Suite 600			
			Address		
	Houston, TX 7	7056			
	<del></del>	City/S	tate and Zip Code		<del></del>
	indirecttax@wes	lake.com			
		E-mail address: (to be use	d for future annua	report notification)	
For further info	rmation concerning	g this matter, please call:			. T
Elizab	eth Maldonado		713 at (	960-9111	2018
	Name o	f Contact Person	Area Code	Daytime Telepl	
Divisio Registi P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			STREET ADDRES Division of Corporat Registration Section Clifton Building 2661 Executive Cent Tallahassee, FL 3230	er Circle
	eck for the follow 5.00 Filing Fee	ing amount:  □ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filit Certified Copy	_	0 Filing Fee, Certificate & Certified Copy

## 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:

(Stret Address of Pracepul Office) Houston, TX 77056  Name:  C T Corporation System  Office Address:    1200 South Pine Island Road	1. Westlake Compounds I					
2. Delaware (Introduction under the law of which foreign limited liability company is organized)  4. (Due from measured business at Florida, if from to repairmann.) (See sections of 9509 & 661, 2008, 7.3. to determine grants) labelity)  5. 2801 Post Oak Blvd., Suite 6000 (Street Address of Pracepal Office) (Houston, TX 77056  6. 2801 Post Oak Blvd., Suite 6000 (Street Address of Principal Office) (Houston, TX 77056  7. Name and street address of Florida registered agent: (P.O. Box. NOT acceptable)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation (Cop)  Registered agent's acceptance:  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 application, thereby accept the appointment as registered agent and agree to act in this capacity. I further age to comply with the provisions of all statutes retainer 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 lignature)  (Registered agent's acceptance:  Howard L. Volz, Assistant Secretary  (Registered agent's lignature)  (Registered agent and address)  (Registered agent's lignature)  (Registered agent and address)  (Registered agent and address)  (Registered agent and address)  (Registered agent and accept the obligations of my position as registered agent.  (Registered agent and agent agent and agent and agent and agent agent and	(Name of Foreign	Limited Liability Company; must include "Limite	d Liability Company," "L.L.C.," or "Ll	.C.")		
(Due the immassed business of Product (Inches) company is organized)  (Due the immassed business of Product (Inferior to regardation) (Gest school of Solid A 503,0908, F.S. to determine penalty liability) (Gest school of Solid A 503,0908, F.S. to determine penalty liability) (Gest school of Solid A 503,0908, F.S. to determine penalty liability) (Gest school of Solid A 503,0908, F.S. to determine penalty liability) (Matter Address)  Houston, TX 77056  (Autolog Address)  Houston, TX 77056  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (Cory)  Registered agent's acceptance:  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 application. I hereby accept the appointment as registered agent and agree to uct in this cupacity. I further age 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.  Howard L. Volz. Assistant Secretary  (Registered agent's tipation)	(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limite	d Liability Company," "L.L.C." or "LLC.")		
(Cop)  Registered agent's acceptance:  (Cop)  (Registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and address of 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)  (Registered agent and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Name and Address:  Name and Address:  Name and Address:  Name and Address:  (Registered agent and service of signature)  (Registered agent's signature)  (Registered agent and service of signature)  (Registered agent	2. Delaware		3. 82-3672692			
(Cere tecture 605 9004 & 601 5005, P.S. to determine penalty likelidity)  (See TAddress of Prisciple Office Address of Prisciple Office Address of Prisciple Office Address of Prisciple Office Address:  (CT Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corp)  (Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corporation System  (Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corporation System  (Corporation Sy	(Jurisdiction under the law of w	ruch foreign limited liability company is organized)	(FEI	number, if applicable)		
(Cere tecture 605 9004 & 601 5005, P.S. to determine penalty likelidity)  (See TAddress of Prisciple Office Address of Prisciple Office Address of Prisciple Office Address of Prisciple Office Address:  (CT Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corp)  (Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corporation System  (Corporation System  Office Address:  [200 South Pine Island Road  Plantation  (Corporation System  (Corporation Sy	4					
(Cory)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (Cory)  (Cory)		(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability)			
Houston, TX 77056  Houston, TX 77056  Houston, TX 77056  Albert Capacity:  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (Cny)  Registered agent's acceptance:  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 application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agr 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)  (Registered agent and agree to act in this capacity. I further agr 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)  Howard L. Volz. Assistant Secretary  Name and Address:  Title or Capacity:  Name and Address:  Name an			o			
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: C T Corporation System  Office Address: 1200 South Pine Island Road  Plantation , Florida 33324  (City)	- · · · · · · · · · · · · · · · · · · ·		•			
Name: C T Corporation System  Office Address: 1200 South Pine Island Road  Plantation , Florida 33324  (City)				<del></del>		
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Office Address: 1200 South Pine Island Road  Plantation  (City)  (City)  (City)  (City)  (City)  (Registered agent's acceptance:  Having been named as registered agent and to accept service of process for the above stated limited liability company at the placed 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.    City   Capacity   Howard L Volz, Assistant Secretary   I	7. Name and street address	s of Florida registered agent: (P.O. Box	NOT acceptable)			
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8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Member/Tax Director  Shaun Ahn  Member/ CAO  George Mangieri  2801 Post Oak Blvd. Ste 600 Houston. TX 77056  Member/ President  Albert Chao  Member/ Secretary  Member/ Secretary  Benjamin Ederington  2801 Post Oak Blvd. Ste 600 Houston. TX 77056  (Use attachments if necessary)  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)  10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.	and accept the ooligation.	Howard L. Vol		201		
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  Title or Capacity:  Member/Tax Director  Shaun Ahn  Member/ CAO  George Mangieri  2801 Post Oak Blvd. Ste 600 Houston. TX 77056  Member/ President  Albert Chao  Member/ Secretary  Member/ Secretary  Benjamin Ederington  2801 Post Oak Blvd. Ste 600 Houston. TX 77056  (Use attachments if necessary)  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)  10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.		(Registered agent's	signature) Howard L. Volz, Assist	tant Secretary		
Albert Chao   Member/ President   Albert Chao   Member/ Secretary   Benjamin Ederington   2801 Post Oak Blvd. Ste 600   Houston, TX 77056   Hous		acity and address of the person(s) who ha	is/have authority to manage is/ar	re:		
Member/ President   Albert Chao   Member/ Secretary   Benjamin Ederington	Member/Tax Directo	r Shaun Ahn	Member/ CAO	George Mangieri		
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			of an authorized arms			

Typed or printed name of signee

Member/ Tax Director

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "WESTLAKE COMPOUNDS 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-SIXTH DAY OF FEBRUARY, A.D. 2018.

2010 M9 14 ED 2: 60



6658258 8300

SR# 20181350032

Authentication: 202215203 Date: 02-26-18

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