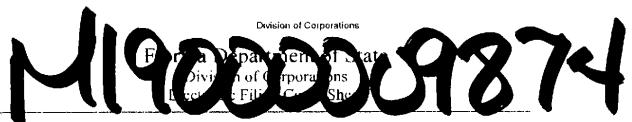
10/16/2019



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Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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Foreign Limited Liability Company Nalco U.S. 2 LLC

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OCT 1 7 2019

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

	. 2 LLC			
(Name of Foreign	Limited Liability Cumpenty, must melode "Limi	ed Liability Co	onipony," "L.E.C.," or "LLC.")	
	area subspeed for the purpose of transacting business in F			
ivadable, enter alternate o	ams whoted for the perpose of transacting business in F	kuida. The altein		"L.L.C," or "I.J.C."
Delaware		3.	82-4607045	
liction under the law of w	nich foreign hirsted listhility company is organizately		(FEI number, if applicable)	
	(Date Red thinkered that hade it Florids, if prior i (See sections 602,0904 & 605 0905, F.S. deter	re recraftation.)		2
	(See sections 605,0904 & 605 0905, £ S. to deter	reiso pensity liab		2019 OCF
1601 West Diel		6	160! West Diehl Road	99
(Streer Address of	rinomal Offica)	٠٠	(Mashing Address)	•
Naperville, IL (50563		Naperville, IL. 60563	91
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e and street addres	ss of Florida registered agent; (P.O. Bo	ox <u>NOT</u> aco		
e and street addres	ss of Florida registered agent: (P.O. Bo		eptable)	~
	C.T Corporation System	~ <u>4. 4. 5. 4</u> 0 0 1 1	eptable)	\sim
Name:	C T Corporation System 1200 South Pine Island Road		eptable)	~
Name:	C T Corporation System 1200 South Pine Island Road		eptable)	~
Name: Office Address: red agent's accepteen named as rested in this application with the provis	C T Corporation System 1200 South Pine Island Road Plantation (City)	f process fo	eptable) 33324 Florida (7-p cods) the ubove stated limited liability conducted agent and agree to act in this cap	mpany at the acity. I furthe

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name:	Name and Address: Timothy Beastrom	Title or Canacity: Manager	Name:	Name and Michael C. Mo		_	
Member	Address:	1 Feelah Place	Meinber	Address:	i Ecolab Place			
Authorized		St. Paul, MN 55102	☐ Authorized		St. Paul, MN			
Person			Person					
Other	aven 1-4 for 124 f	Other	Other		Other_			
⊠Manager	Name:	David F. Duvick	Manager	Name:				
Member		! Ecole's Place	Meinber					
Authorized		St. Paul, MN 55102						Ξ,
Person			Person			_ 		
Other		Other	Other	·	Other_	<u>— ====================================</u>		,
						Ü		•
Manager	Name: _		Managor	Name:				
□Member	Address:		☐ Member	Address:				
Authorized			☐ Authorized					
Person			Person					
Other		Other	Other		Other_			

Important Notice: Use an anachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Daw F.	Signature of an authorized person
David F. Duvick	
	Type-1 or a jured name of source

<u>Delaware</u>

Page 1

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

DELAWARE, DO HEREBY CERTIFY "NALCO U.S. 2 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 SIXTEENTH DAY OF OCTOBER, A.D. 2019.

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

2019 OF LIKE BY 2: 22

Authentication: 203804461

Date: 10-16-19

6664207 8300 SR# 20197573531

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