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5/3/2021

Division of Corporations



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2021 MAY

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	; CORPORATION SERVICE COMPANY
Account Number	: 12000000195
Phone	: (850)521-0821
Fax Number	: (850)558-1515

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

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Foreign Limited Liability Company NEWELL BRANDS DISTRIBUTION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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SUB	ECT:	Newe	ell Brand	ds Dis	stribution LLC			_		
		ü		_		Name of Lim	ited Li	ability Cor	npany	

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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.

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call.

Miriam Steinberg	561 338-6751 at ()
Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

 Please make check payab 	ole to: FLORIDA DEPARTM	MEG	NT OF STALE	
S125.00 Filing Fee	🗆 \$130.00 Filing Fee &	Π	\$155,00 Filing Fee &	S160.00 Filing Fee, Certificate
⊡ 3125.00 rinng ree	Certificate of Statu	_	Certified Copy	of Status & Certified Copy
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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:

Newell Brands Distribution LLC 1.

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

name unavailable, enter alternate n	ame adopted for the purpose of transacturg business in Flor	riga ; ne alternate n			
Delaware		32-04 3.	103470		
(Jurisdiction under the law of which foreign limited liability company is organized			(FEI number	r, if applicable)	
	The first mean and but note in Foundal I prior to re	-gistration)			
	(Date first transacted business in Florida, if prior to re (See sections 605 0904 & 605 0905, F.S. to determin	e penalty liability)			
6655 Peachtree Dun	woody Road		Peachtree Dunwood	ly Road	
eet Address of Principal Office)	·	6. <u> </u>	failing Address)	_	
		Atlant	a, GA 30328		
Atlanta, GA 30328					
	ss of Florida registered agent: (P.O. Box		blc)		
	ss of Florida registered agent: (P.O. Box Corporation Service Company		blc)	FAY -	
Name and <u>street addres</u>			blc)		

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 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.

Corporation Service Company By Anistate Alexander (Registered agent's signature)

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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 and Address:	<u>Title or Capacity:</u>	<u>Name and Address:</u>
Manager	Name	⊡Manager	Name:
Member	Address	□ Member	Address:
Authorized	Road	□Authorized	Road
Person	Atlanta, GA 30328	Person	Atlanta, GA 30328
Other	Other	■Other	Treasurer
Manager	Name	⊡Manager	Raj B. Dave
	Address	□ Member	Address
Authorized	Road	□Authorized	Hoboken. NJ 07030
Person	Atlanta. GA 30328	Person	
Secretary		Asst. Sec	Tetary
□Manager	Brian J. Decker	⊡ Managet	Name
Member	Address	⊡Member	Address.
Authorized	Road	⊡Authorized	
Person	Atlanta. GA 30328	Person	
Asst. Sec	cretary	DOther	[]Other

Important Notice Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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.

6

Brian J. Decker, Assistant Secretary

Typed or printed name of signee

Signature of as-sub-on zed person.

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEWELL BRANDS DISTRIBUTION 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 THIRD DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NEWELL BRANDS DISTRIBUTION LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2013.

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



Durate, Secretary of State W. They

> Authentication: 203108868 Date: 05-03-21

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SR# 20211554602 You may verify this certificate online at corp.delaware.gov/authver.shtml