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DATE:

07/25/22

NAME: PURAGLOBE USA LLC

TYPE OF FILING: APPLICATION

COST:

130.00

RETURN: PLAIN COPY And Good Standing Means

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Puraglobe USA LLC 4420 Pendola Point Road Tampa, FL 33619

July 25, 2022

To whom it may concern:

I am the Chief Financial Officer of Puraglobe USA LLC. The FEIN is 36-3646384 and the Florida document number is L20000000967.

I hereby consent to the use of the name "Puraglobe USA, LLC" to be used as the name of a filing entity in the State of Florida for the purpose of submitting an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, and for all business purposes within and without the State of Florida.

Sincerely,

Name: Kern, McKean Title: Chief Financial Officer

US.350312057.01

COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Puraglobe USA, LLC	
		Name of Limited Liability Company
The enclose Existence	osed "Application by Foreign Limited Li e, and check are submitted to register the	ability Company for Authorization to Transact Business in Florida," Certificate o above referenced foreign limited liability company to transact business in Florida
Please re	turn all correspondence concerning this r	natter to the following:
	Candice Holcomb	
		Name of Person
	Faegre Drinker Biddle & Reath	LLP
	 	Firm/Company
	600 E. 96th Street, Suite 600	
		Address
	Indianapolis, IN 46240	
		City/State and Zip Code
	E-mail address	s: (to be used for future annual report notification)
For furthe	er information concerning this matter, ple	case call:
	Candice Holcomb	317 569-4604
-	Name of Contact Person	
	Mailing Address: Registration Section	Street Address: Registration Section
ı	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
ŕ	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
I	Enclosed is a check for the following amore Please make check payable to: FLORIDA \$125.00 Filing Fee \$130.00 File Certification \$125.00 File State \$12	A DEPARTMENT OF STATE

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:

ame unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The a	Iternate name must include "Limited Liab	oility Company," "L.L.C," or	_ "LLC.")
Delawar e		•	81-2950325		
(hurisdiction under the law of which foreign limited liability company is organized)		3.	(FEI number, if applicable)		-
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration. une penalty li) ability)	_	
4420 Pendola Point Road, Tampa, FL 33619		,	4420 Pendola Point Road, Ta	mpa, FL 33619	
eet Address of Principal Office)			(Mailing Address)		_
	·	-			_
				2(
		-		112	_
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT ac	cceptable)	12 JUL 26	
				26	7==2
Name:	Corporation Service Company				<u> </u>
				AM 10:	
	1201 Hays St.			-	
Office Address:				• •	
Office Address:	Taliahassee		32301		
Office Address:	Taliahassee (City)		32301 , Florida		

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: Title or Capacity: Name and Address: Puralube, Inc. □Manager Andreas Schueppel 435 Devon Park Dr. Address: 4420 Pendola Point Road Member □ Member **Building 200** □ Authorized Tampa, FL 33619 □ Authorized Wayne, PA 19087 Person Person Other CEO □Other_ Other_ □Other Kerry McKeon Name: Daane Reinking □ Manager □ Маладег Address: 4420 Pendola Point Road □Member 4420 Pendola Point Road ☐ Member Tampa, FL 33619 ☐ Authorized Tampa, FL 33619 ☐ Authorized Person Person ■Other_CFO Other ☐Other____ Name: Lisa Smith □Manager □Маладет Name: __ 4420 Pendola Point Road ☐ Member ☐ Member Address: Tampa, FL 33619 □ Authorized □ Authorized Person Person Controller Other Other ☐Other Important Notice: Use an attachment 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.

Delaware
The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "PURAGLORE UBA, LLC" IS DULY FORMED
UNIER 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-SECOND DAY OF JUNE, A.D. 2022.

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

Activity of Balliotic Extendery of Essen

Authentication: 203733678