

M23000015870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

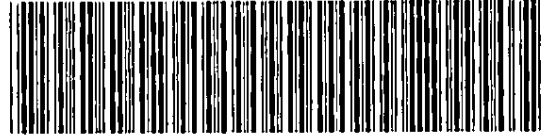
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23-167720

Office Use Only



800419924498

2023 DEC 18 PM 5:28

APPROVAL
AND
FILED

RECEIVED
2023 DEC 18 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 20 2023

K. Brumblay



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 18, 2023

CSC

SUBJECT: SOLVAY USA LLC
Ref. Number: W23000167720

RESUBMIT

Please give original
submission date as file date.

We have received your document for SOLVAY USA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is F98000001022.

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.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 623A00028811

TALLAHASSEE, FLORIDA

DEC 20 PM 1:11

RECEIVED



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 12/18/23
Order #: 1354493-2
Re: Solvay USA LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
I20000000195

AUTH:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over the "AUTH:" label.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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:

1. SOLVAY USA LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 22-3539954
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 504 CARNEGIE CENTER
(Street Address of Principal Office)

6. 504 CARNEGIE CENTER
(Mailing Address)

PRINCETON, NJ 08540 PRINCETON, NJ 08540

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 HAYS STREET

TALLAHASSEE, Florida 32301
(City) (Zip code)

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.

Alexis Weiland-Sanson, ACP

(Registered agent's signature)

2023 DEC 18 PM 5:28

ALL PROCEEDINGS
AND
FILED

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:**

☐ Manager Name: SOLVAY HOLDING INC.

☒ Member Address: 504 CARNEGIE CENTER

☐ Authorized PRINCETON, NJ 08540

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: MATTHEW JACOBS

☐ Member Address: 504 CARNEGIE CENTER

☐ Authorized PRINCETON, NJ 08540

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: MICHAEL RADOSSICH

☐ Member Address: 504 CARNEGIE CENTER

☐ Authorized PRINCETON, NJ 08540

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: DAMIAN CIONI

☐ Member Address: 504 CARNEGIE CENTER

☐ Authorized PRINCETON, NJ 08540

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: KIM FILSINGER

☐ Member Address: 504 CARNEGIE CENTER

☐ Authorized PRINCETON, NJ 08540

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

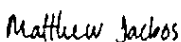
Person _____

☐ 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.

DocuSigned by:

 ADDRESSFDE19C472

Signature of an authorized person

MATTHEW JACOBS

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SOLVAY USA 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 EIGHTEENTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SOLVAY USA LLC" ~~WAS FORMED ON THE NINTH DAY OF JULY, A.D. 1997.~~

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



2768202 8300

SR# 20234250792

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204838513

Date: 12-18-23