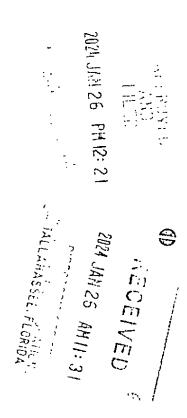
M24000000995

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Certificates of Gratus	
Special Instructions to Filing Officer:	

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JAN 29 2024 K. Brumbley

FILE 2ND

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500							
ACCOUNT NO. : I2000000195							
REFERENCE : 284542 7958433							
AUTHORIZATION: CIPILIDADE							
COST LIMIT : \$ 125.00							
ORDER DATE : January 24, 2024							
ORDER TIME : 9:07 AM							
ORDER NO. : 284542-380							
CUSTOMER NO: 7958433							
FOREIGN FILINGS							
NAME: UNIVAR SOLUTIONS USA LLC							
XXXX QUALIFICATION (TYPE: <u>LL</u>)							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING							
CONTACT PERSON: Eyliena Baker EXT#							
EXAMINER:							

CORPORATION SERVICE COMPANY

COVER LETTER

	Inivar Solutions USA LLC	
UBJECT: _	Nam	ne of Limited Liability Company
ho analogod "		·
xistence, and	check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificat referenced foreign limited liability company to transact business in Flo
lease return al	Il correspondence concerning this matter t	to the following:
	Sanema Gorodetsky	
		Name of Person
	Univar Solutions USA LLC	
		Firm/Company
	3075 Highland Parkway Suite 200	
		Address
	Downers Grove, IL 60515	
		City/State and Zip Code
	sanema.gorodetsky@univarsolution	s.com
	E-mail address: (to be	e used for future annual report notification)
or further info	rmation concerning this matter, please ca	III:
Sane	ma Gorodetsky	331 777-6101
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		Street Address: Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	ed is a check for the following amount:	
	make check payable to: FLORIDA DEF 5.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee. Certificate

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Univar Solutions US	SA LLC n Limited Liability Company; must include "Lin	nited Liabilit	Company.""L C "or " FC "	_	
_	, , ,	•	, ,,,,		
(If name unavailable, enter alternate	name adopted for the purpose of transacting business i	in Florida. The	alternate name must include "Limited Liab	ility Company," "L.L.C."	or "L.L.C.")
Washington 2.		2			
(Jurisdiction under the law of	which foreign limited liability company is organized)	3.	(FEI number	, if applicable)	
4	(Davidson)				
	(Date first transacted business in Florida, if prio (See sections 605 0904 & 605,0905, F.S. to dete	r to registration ermine penalty	liability)		
3075 Highland Parkway Suite 200		6	3075 Highland Parkway Su	uite 200	
(Street Address of Principal Office)			(Mailing Address)	_	
Downers Grove, IL 60515			Downers Grove, IL 60515		
			 	 -	
					
7 Name and street addre	ss of Florida registered agent: (P.O. B	av NOT a			
77 Tume und <u>street agure</u>	ss of Florida registered agent. (F,O, D	ox <u>not</u> a	ссертавте	202	
Name:	Corporation Service Company			7024 JAH	<u>:</u> -
, . 	1201 Hays Street	·		126	
Office Address:				•	
	Tallahassee		32301	PH 12:	
	{City}		. Florida	_ :: - ~	
	•		(z.iji code)		
designated in this applica to comply with the provis	stance: egistered agent and to accept service of etion, I hereby accept the appointment ions of all statutes relative to the prop s of my position as registered agent. Corporation Service Company	t as registe er and con	red agent and agree to act in a pplete performance of my dut	this capacity. I fi ies, and I am fam	irther aoree
	By:	cylu	MA BAWL;		
	(Registered agent	t'e cimedinies	A LA MARIA		

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: Name: Nexeo Solutions, LLC □Manager □Manager Name: Address: __ 3075 Highland Parkway ■ Member □Member Address: Suite 200 ☐ Authorized □ Authorized Downers Grove, IL 60515 Person Person Other Other____ □Other__ Other □Manager □Manager Name: _____ □Member Address: _____ □Member Address: □ Authorized □ Authorized Person Person □Other Other □Other___ □Other Name: □Manager □Manager Name: _____ □Member Address: _____ □Member Address: ☐ Authorized □ Authorized Person Person □Other____ □Other_____ □ Other_ □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. Signature of an authorized person Alexandra S. Colin

Typed or printed name of signee



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

UNIVAR SOLUTIONS USA LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 07/03/1986.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/25/2024 UBI Number: 601 007 463

R Hollie

STATE OF WASHINGTON 1889 WORLD

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 01/25/2024