

112400007896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

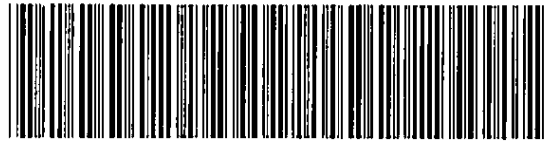
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000431128200

06/18/24 --01001--022 \*\*129.00

RECEIVED

JUN 17 2024

STATE  
CLERK

2024 JUN 17 PM 3:06

FILED

JUN 19 2024



Umicore USA Inc. | 3600 Glenwood Avenue, Suite 250 | 27612 Raleigh | United States

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Umicore USA Inc.  
3600 Glenwood Avenue, Suite 250  
27612 Raleigh  
United States

June 13, 2024

**Re: Palm Commodities International, LLC – Application by Foreign Limited Liability  
Company for Authorization to Transact Business in Florida**

Dear Registration Section Staff,

Palm Commodities International, LLC hereby submits its Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida. Enclosed please find a cover letter, application, Certificate of Good Standing from the Secretary of State of Delaware, and money order in the amount of \$150.00 for the filing fee.

If there are any questions related to this application, please do not hesitate to contact our office at [Legal.USA@am.umicore.com](mailto:Legal.USA@am.umicore.com).

Sincerely,

Elise Mudd  
Paralegal

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Palm Commodities International, LLC  
Name of Limited Liability Company

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:

David Hendricks

---

Name of Person

Palm Commodities International, LLC

---

Firm/Company

3600 Glenwood Avenue, Suite 250

---

Address

Raleigh, NC 27612

---

City/State and Zip Code

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

For further information concerning this matter, please call:

Elise Mudd 919 874-7171  
 \_\_\_\_\_ 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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee      ☐ \$130.00 Filing Fee & Certificate of Status      ☐ \$155.00 Filing Fee & Certified Copy      ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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. Palm Commodities International, 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 3. 90-1032085  
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. July 1, 2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1717 JP Hennessy Dr. 6. 3600 Glenwood Ave.  
(Street Address of Principal Office) (Mailing Address)  
La Vergne, TN 37086 Suite 250  
 Raleigh, NC 27612

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

Name: C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation Florida 33324  
(City) (Zip code)

STATE  
FL

2024 JUN 17 PM 3:06

FILED

**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.*

Denise Bell

(Registered agent's signature)

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: Ignace de Ruijter

☐ Member              Address: Watertorenstraat 33

☐ Authorized              2250 Olen

Belgium

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_              ☐ Other \_\_\_\_\_

☐ Manager              Name: Lon Thrasher

☐ Member              Address: 1717 JP Hennessy Drive

☐ Authorized              La Vergne, TN

37086

Person                      \_\_\_\_\_

☒ Other President              ☐ Other \_\_\_\_\_

☐ Manager              Name: Mark Caffarey

☐ Member              Address: 3600 Glenwood Ave.

☐ Authorized              Suite 250

Raleigh, NC 27612

Person                      \_\_\_\_\_

☒ Other Vice President              ☐ Other \_\_\_\_\_

Title or Capacity:                      Name and Address:

☐ Manager              Name: Ric Burks

☐ Member              Address: 1717 JP Hennessy Drive

☐ Authorized              La Vergne, TN

37086

Person                      \_\_\_\_\_

☒ Other VP Purchasing              ☐ Other \_\_\_\_\_

☐ Manager              Name: David Hendricks

☐ Member              Address: 3600 Glenwood Ave.

☐ Authorized              Suite 250

Raleigh, NC 27612

Person                      \_\_\_\_\_

☒ Other Secretary              ☐ Other \_\_\_\_\_

☐ Manager              Name: Camille Tooker

☐ Member              Address: 1717 JP Hennessy Drive

☐ Authorized              La Vergne, TN

37086

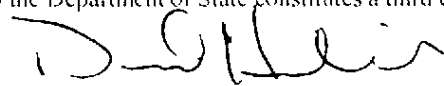
Person                      \_\_\_\_\_

☒ Other Assistant Secretary              ☐ 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.



\_\_\_\_\_  
Signature of an authorized person

David Hendricks, Secretary

\_\_\_\_\_  
Typed or printed name of signer

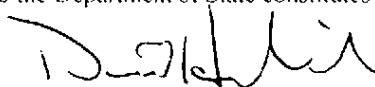
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: David Berk	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3600 Glenwood Ave.	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 250	<input type="checkbox"/> Authorized	_____
Person	Raleigh, NC 27612	Person	_____
<input checked="" type="checkbox"/> Other	Treasurer	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Other	_____

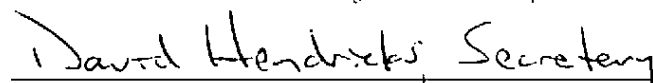
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of an authorized person



Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PALM COMMODITIES INTERNATIONAL, 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 FOURTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PALM COMMODITIES INTERNATIONAL, LLC" WAS FORMED ON THE FIFTH DAY OF DECEMBER, A.D. 2013.



Jeffrey W. Bullock, Secretary of State

5444066 8300

Authentication: 203631727