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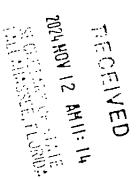
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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M. SOLOMON NOV 1 3 2024



To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 11/11/24 Order #: 1676351-1

Re: Brenntag Lubricants, 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: \$25.00 - FL State Account Number:

12000000195

Certificate of Good Standing from State of Incorporation

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.

TO:

COVER LETTER

FO:	Registration Section Division of Corporations				
SUBJE	Brenntag Lubricants, LLC				
SODJE	Name of Li	mited Liability Company			
The end Existend	losed "Application by Foreign Limited Liability Compace, and check are submitted to register the above referer	any for Authorization to Transact Business in Flor aced foreign limited liability company to transact b	ida," Ce business	rtific in F	ate or lorida
Please r	eturn all correspondence concerning this matter to the fo	ollowing:			
	Celeste Felker				
	Nar	me of Person			
	Brenntag North America, Inc.				
	Firm/Company		35 717	ა ი	
	5083 Pottsville Pike		7024 KOV	5	عم~م. زيا
	Address			- ว	राज्यसम्बद्धाः शुरुपत्रतः है
	Reading, PA 19605	(2) (2) (3)	· ·	T)	
	City/Sta	ite and Zip Code	IVE 2.4	-	
	bna_generalcounsel@brenntag.com		₩ c	Š	
	E-mail address: (to be used	for future annual report notification)			
For furt	her information concerning this matter, please call:				
	Name of Contact Person	at () Area Code Daytime Telephone Numb			
	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	OI.		
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPART. \$\Begin{array}{c} \$125.00 \text{ Filing Fee} & \$130.00 \text{ Filing Fee} & \$Certificate of State \$\Begin{array}{c} \$125.00 \text{ Filing Fee} & \$130.00	□ \$155.00 Filing Fee & □ \$160.00 Filing			

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:

olowara	name adopted for the purpose of transacting business in F		
elaware	hich foreign limited liability company is organized)	3	if applicable)
To see an each nothing of	men turcign manter marinty company is organizately	(10)	,
Jpon registration			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ine penalty liability)	
7010 Mykawa Road	Houston, TX 77033	7010 Mykawa Road Houst	on, TX 77033
t Address of Principal Office)		6. (Mailing Address)	
		<u></u>	<u> </u>
			>
			THE THE STATE OF T
lame and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)	23
Name:	Corporation Service Company		
	1001 Hours Street		
	1201 Hays Street		
Office Address:			
Office Address:	Tallahassee	32301	
Office Address:	Tallahassee (City)	32301 , Florida (Zip code)	

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:
■Manager	Name: Brenntag North America, Inc.	□Manager	Name:
■Member	Address: 5083 Pottsville Pike	□Member	Address: 5083 Pottsville Pike
□Authorized	Reading, PA 19605	□Authorized	Reading, PA 19605
Person		Person	
□Other	Other	Secretary Secretary	□Other
□Manager	Name:	□Manager	Name:
⊡Member	Address:	□Member	Address: SO 282
□Authorized	Houston, TX 77033	□Authorized	
Person		Person	200 m 55
■Other	Other	□Other	
			23 \Tr
□Manager	Name:	□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. 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:		
Jaime Skinner		
8D30022C278242A	Signature of an authorized person	
Jairne Skinner, Secretary		



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BRENNTAG LUBRICANTS, 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 TENTH DAY OF NOVEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRENNTAG"

LUBRICANTS, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF DECEMBER,

A.D. 2021.

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

Authentication: 204836670

Date: 11-10-24