



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/30/2019	201903001028	Cancellation/Foreign Limited Liability Company (LFS)	50.00				0

Receipt

This is not a bill. Please do not remit payment.

**ELIZABETH CHAPMAN
401 S TRYON STREET
SUITE 3000
CHARLOTTE, NC, 28202**

STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Frank LaRose
1621931**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
EMERALD CAROLINA CHEMICAL, LLC
and, that said business records show the filing and recording of:

Document(s)

Cancellation/Foreign Limited Liability Company**Effective Date: 01/30/2019**

Document No(s):

201903001028

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 30th day of January, A.D. 2019.


Ohio Secretary of State

Form 562 Prescribed by:

OFFICE OF THE
Ohio Secretary of State

Date Electronically Filed: 1/30/2019
Toll Free: (877) SOS-FILE (877-767-3453) | Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov | Busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

Certificate of Dissolution of Limited Liability Company / Cancellation of Foreign Limited Liability Company

Filing Fee: \$50
Form Must Be Typed

(CHECK ONLY ONE (1) BOX)

☐ (1) Domestic Limited liability Company
(For-profit or Nonprofit)
(140-LDS)

☒ (2) Foreign Limited liability Company
(For-profit or Nonprofit)
(131-LFS)

Jurisdiction of Formation

Name of Limited Liability Company (name used in jurisdiction of formation)

Ohio Registration Number

Complete the information in this section if box (1) is checked.

The Limited Liability Company hereby certifies that the effective date of the of the dissolution is:

Note: Effective date must be on or before the date of filing.

Complete the information in this section if box (2) is checked.

The undersigned limited liability company hereby certifies that it is no longer transacting business in the state of Ohio.

The limited liability company

the authority of its registered agent to accept service of
process, notices and demands on its behalf.

(Please enter 'does revoke' or 'does not revoke')

If the authority of the agent is revoked then please provide the address to which a person may mail copy of an process,
notice, or demand against the company is:

Mailing Address

City

State

ZIP Code

If this mailing address changes in the future, the limited liability company hereby agrees to notify the Ohio Secretary of State
of such change.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by an authorized representative.

If the authorized representative is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the authorized representative is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.

ELIZABETH A. CHAPMAN, AUTHORIZED REPRESENTATIVE

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name