Filing Fee: \$150.00

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

11 JUL 26

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

	and, and for and purpose equition in constrainty statement.						
1.	The name of the limited liability company is:						
	SABIC Polymershapes LLC						
2.	The name, if different, under which it proposes to register and transact business in Rhode Island is:						
3.	The limited liability company is organized under the laws of Delaware						
4.	. The date of its organization is 12/20/2001						
5.	. The period of duration of the limited liability company is (if perpetual, so state) Perpetual						
6.	The address of the limited liability company's resident agent in Rhode Island is:						
	Providence , RI 02903						
	(Street Address, <u>not</u> P.O. Box) (City/Town) (Zip Code)						
	and the name of the resident agent at such address is C T Corporation System						
	(Name of Agent)						
7.	The secretary of state is appointed the agent of the foreign limited liability company for service of process if at ar time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonab diligence.						
3.	The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:						
	1209 Orange Street, Wilmington, DE 19801						
	The mailing address for the limited liability company is: 9930 Kincey Avenue, Huntersville, NC 28078						
	EILEN						
•							
	JUL 26 2011						

Form No. 450 Revised: 12/05 By (14)

10.		Management of the Limited Liability Company:		
A	۹.	. The limited liability company is to be managed by its members. (If you have checked this box, go to it no. 11.)		
		<u>or</u>		
E	B. The limited liability company is to be managed by one (1) or more managers. (If the limited liability company has managers at the time of the filling of these Articles of Organization, state the name and address of each manager.)			
		<u>Manager</u>	<u>Address</u>	
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11. T	his uth	s application is accompanied by a cer norized officer of the jurisdiction under	tificate of good standing duly authenticated by the secretary of state or other which the foreign limited liability company was organized.	
			Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.	
Date	»:	0/3/200	SABIC Polymershapes LLC	
		1	Print Exact Name of Limited Liability Company Making Application By	
		•	Signature of authorized person Laurenza I. Bird	

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SABIC POLYMERSHAPES 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 TWENTY-SECOND DAY OF JULY, A.D. 2011.

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

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AUTHENTY CATION: 8920949

DATE: 07-22-11



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

