

Limited Liability Company (LLC) Statement of Members

(Government Code Section 84109)

Type or Print in Ink.

Amendment <input type="checkbox"/> Check box if an Amendment # <u>1 / 1 / 22</u> Date qualification threshold met (Month, Day, Year)

Date Stamp

CALIFORNIA FORM 409 For Official Use Only

1. LLC Information

LEGAL NAME OF LIMITED LIABILITY COMPANY: Novolex Holdings, LLC	NAME OF RESPONSIBLE OFFICER OR PRINCIPAL OFFICER: Philip R. Rozenski	PRINCIPAL/RESPONSIBLE OFFICER PHONE #: 800-845-6051	PRINCIPAL/RESPONSIBLE OFFICER EMAIL: phil.rozenski@novolex.com
LLC STREET ADDRESS: 101 E Carolina Avenue	CITY: Hartsville	STATE: SC	ZIP CODE: 29550
LLC MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:
NAME OF COMMITTEE: Novolex Holdings, LLC Responsible Government Fund	COMMITTEE ID: 1358052	COMMITTEE PHONE NUMBER: 980-498-4088	COMMITTEE EMAIL ADDRESS: administrator@novolexpac.org
COMMITTEE STREET ADDRESS: 3436 Toringdon Way Suite 100	CITY: Charlotte	STATE: NC	ZIP CODE: 28277
COMMITTEE MAILING ADDRESS (IF DIFFERENT):	CITY:	STATE:	ZIP CODE:

2. Members (If any members are other LLCs, further disclosure is required in Part 3.)

FULL NAME	MEMBERSHIP TYPE	DATE(S) OF CAPITAL CONTRIBUTION (ONLY COMPLETE IF MEMBER HAS MET CAPITAL CONTRIBUTION THRESHOLD)	CUMULATIVE CAPITAL CONTRIBUTIONS TO LLC	PERCENTAGE OWNERSHIP INTEREST
NVLX Acquisition, LLC	<input checked="" type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			100%
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			
	<input type="checkbox"/> MEMBERSHIP 10% OR GREATER <input type="checkbox"/> CAPITAL CONTRIBUTIONS \$10,000 OR MORE			

3. Names of Member LLCs Listed in Part 2

NAME OF LLC LISTED IN PART 2	FULL NAMES OF MEMBERS
NVLX Acquisition, LLC	Flex Acquisition Company, Inc.

4. Verification

I have used all reasonable diligence in preparing this Statement. I have reviewed this Statement and, to the best of my knowledge, the information contained in it is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 08/15/2022
DATE

By _____
SIGNATURE

Attach additional information on appropriately labeled continuation sheets.

Print

Clear