

F21000005841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

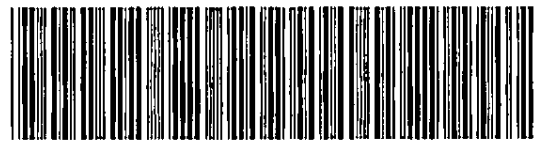
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2021 OCT 12 PM 2:12  
CLERK  
COURT

OCT 14 2021  
M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PureCycle Technologies, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Brad S. Kalter

Name of Person

PureCycle Technologies, Inc

Firm/Company

5950 Hazeltine National Drive, Suite 650

Address

Orlando, Florida 32822

City/State and Zip code

bkalter@purecycle.com

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

For further information concerning this matter, please call:

Brad Kalter

at (404) 606-3920

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

Enclosed is a check for the following amount:

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

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☒ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. PureCycle Technologies, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 86-2293091  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 16, 2020 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)
6. March 17, 2021  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 5950 Hazeltine National Drive, Suite 650, Orlando, Florida 32822  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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.*

Alexis Weibull, assistant vice president

\_\_\_\_\_  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☒ Chairman Name: Michael Otworth  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 5950 Hazeltine National Drive, Suite 650  
☒ President Orlando, Florida 32822  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Richard K. Brenner  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 5950 Hazeltine National Drive, Suite 650  
☐ President Orlando, Florida 32822  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

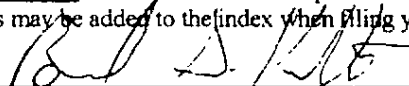
☐ Chairman Name: Jeffrey Fieler  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 5950 Hazeltine National Drive, Suite 650  
☐ President Orlando, Florida 32822  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Brad S. Kalter  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director 5950 Hazeltine National Drive, Suite 650  
☐ President Orlando, Florida 32822  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Tanya Burnell  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 5950 Hazeltine National Drive, Suite 650  
☐ President Orlando, Florida 32822  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Timothy Glockner  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 5950 Hazeltine National Drive, Suite 650  
☐ President Orlando, Florida 32822  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Brad S. Kalter, Secretary  
(Typed or printed name and capacity of person signing application)

Question 11A

Name	Address	Office
Fernando Musa	5950 Hazeltine Nation Drive, Suite 650, Orlando, FL 32822	Director
John S. Scott, Dr.	5950 Hazeltine Nation Drive, Suite 650, Orlando, FL 32822	Director
Michael Dee	5950 Hazeltine Nation Drive, Suite 650, Orlando, FL 32822	Vice President
David Brenner	5950 Hazeltine Nation Drive, Suite 650, Orlando, FL 32822	Vice President
Dustin Olson	5950 Hazeltine Nation Drive, Suite 650, Orlando, FL 32822	Vice President

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FBI - MIAMI

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PURECYCLE TECHNOLOGIES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PURECYCLE TECHNOLOGIES, INC." WAS INCORPORATED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2020.



3886443 8300

SR# 20213026650

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204011470

Date: 08-26-21



September 15, 2021

**VIA Federal Express**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, Florida 32303  
Attention: Mel Solomon

Re: Document No. W21000129732/Letter No. 721A00023450

To whom it may concern:

We have been advised that PureCycle Technologies, Inc.'s efforts to be registered as a foreign corporation doing business in Florida has been denied due to the name similarity to PureCycle Technologies, LLC, a foreign LLC authorized to conduct business in the State of Florida. We note that since the date of your September 28, 2021 letter, we have reinstated PureCycle Technologies LLC based on our late filing of its annual report. Please be advised that PureCycle Technologies, LLC (Document No. M19000009515) is an indirect wholly-owned subsidiary of PureCycle Technologies, Inc. (Document No. W21000129732). Please be further advised that PureCycle Technologies, LLC has no objection to the registration of PureCycle Technologies, Inc. as a foreign corporation to conduct business in Florida under the name PureCycle Technologies, Inc.

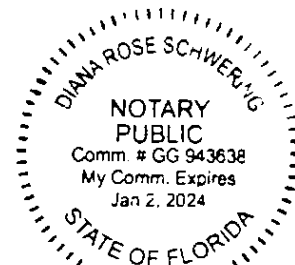
As evidence of the ownership structure outlined above, we are attaching a copy of PureCycle Technologies, Inc.'s most recent quarterly report on Form 10-Q, filed with the U.S. Securities and Exchange Commission on August 12, 2021. Page 14 of the attached document is highlighted to describe the relevant corporate structure following a business combination on March 17, 2021.

Please advise if you have any questions.

Regards,

Brad S. Kalter  
General Counsel & Corporate Secretary

State of Florida  
County of Orange





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 28, 2021

BRAD S KALTER  
PURECYCLE TECHNOLOGIES, INC.  
5950 HAZELTINE NATIONAL DRIVE, SUITE 650  
ORLANDO, FL 32822

SUBJECT: PURECYCLE TECHNOLOGIES, INC.  
Ref. Number: W21000129732

We have received your document for PURECYCLE TECHNOLOGIES, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 721A00023450

*Rec'd  
10-12-21*



F21000005847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

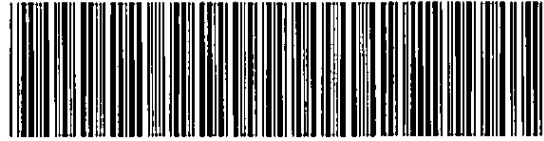
(Document Number)

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10-14-21

OCT 14 2021  
M. SOLOMON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KINDERED INCORPORATED  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michael Rosen  
Name of Person

KINDERED INC.  
Firm/Company

1001 YAMATO RD #312  
Address

Boca Raton, FL 33496  
City/State and Zip code

MRROSEN@ALTEKMANAGEMENTCORP.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Rosen at (561) 212-7000  
Name of Person Area Code Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

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

☒ \$70.00 Filing Fee    ☒ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA.

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

KINDCARD, INC.

1. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)  
NEVADA

2. (State or country under the law of which it is incorporated) (FEI number, if applicable)  
07/09/2021 11/30/2021

4. (Date of incorporation) 5. (Date of duration, if other than perpetual)  
06/06/2021

6. (Date first transacted business in  
Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1001 Yamato rd. #100 boca raton fl 33496  
(Principal office street address)

(Current mailing address, if different)

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

MICHAEL ROSEN

Name:

1001 YAMATO RD #100

Office Address:

Boca Raton

33496

(City)

Florida

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

2021 OCT 14 PM 3:40

FILED

# A. DIRECTORS

0 Chairman Name: \_\_\_\_\_

El Vice Chairman Address: \_\_\_\_\_

El Director \_\_\_\_\_

11 President **MICHAEL ROSEN** **1001 yamato rd #100**  
**boca raton fl 33496**

0 Vice President \_\_\_\_\_

El Secretary \_\_\_\_\_ El Treasurer \_\_\_\_\_

Other **CEO** \_\_\_\_\_ El Other \_\_\_\_\_

El Chairman Name: \_\_\_\_\_

0 Vice Chairman Address: \_\_\_\_\_

El Director \_\_\_\_\_

El President \_\_\_\_\_

El Vice President \_\_\_\_\_

0 Secretary \_\_\_\_\_ El Treasurer \_\_\_\_\_

0 Other \_\_\_\_\_ 0 Other \_\_\_\_\_

El Chairman Name: \_\_\_\_\_

El Vice Chairman Address: \_\_\_\_\_

El Director \_\_\_\_\_

El President \_\_\_\_\_

0 Vice President \_\_\_\_\_

El Secretary \_\_\_\_\_ 0 Treasurer \_\_\_\_\_

0 Other \_\_\_\_\_ El Other \_\_\_\_\_

El Chairman Name: \_\_\_\_\_

El Vice Chairman Address: \_\_\_\_\_

0 Director El President El

Vice President \_\_\_\_\_

El Secretary \_\_\_\_\_ 0 Treasurer \_\_\_\_\_

0 Other \_\_\_\_\_ El Other \_\_\_\_\_

El Chairman Name: \_\_\_\_\_

El Vice Chairman Address: \_\_\_\_\_

El Director \_\_\_\_\_

El President \_\_\_\_\_

El Vice President \_\_\_\_\_

El Secretary \_\_\_\_\_ El Treasurer \_\_\_\_\_

0 Other \_\_\_\_\_ 0 Other \_\_\_\_\_

El Chairman Name: \_\_\_\_\_

El Vice Chairman Address: \_\_\_\_\_

El Director \_\_\_\_\_

El President \_\_\_\_\_

El Vice President \_\_\_\_\_

El Secretary \_\_\_\_\_ DTreasurer \_\_\_\_\_

0 Other \_\_\_\_\_ 0 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 Florida Department of State Annual Report form.

12. Michael Rosen  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. MICHAEL ROSEN, PRESIDENT AND CEO  
(Typed or printed name and capacity of person signing application)

2021 OCT 14 PM 3:40

SECRET AR Y OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer "to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Kindeard, Inc.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/18/2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/08/2021.

*K. Cegavske*

BARBARA K. CEGAVSKE

(es



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2021

MICHAEL ROSEN  
KINDCARD, INC.  
1001 YAMATO RD #312  
BOCA RATON, FL 33496

SUBJECT: KINDCARD, INC.  
Ref. Number: W21000110871

We have received your document for KINDCARD, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon  
Senior Section Administrator

Letter Number: 421A00018972

*Reed  
10-14-21*