

VM 23000000899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

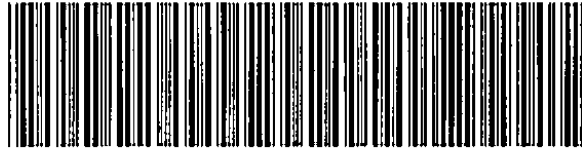
(Business Entity Name)

(Document Number)

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COVER LETTER

O: Registration Section  
Division of Corporations

Kuvare Corporate Management, LLC

UBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Erik Braun

\_\_\_\_\_  
Name of Person

Kuvare Corporate Management, LLC

\_\_\_\_\_  
Firm/Company

5600 N. River Road, Suite 300

\_\_\_\_\_  
Address

Rosemont, IL 60018

\_\_\_\_\_  
City/State and Zip Code

ebraun@kuvare.com

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

2011-11-16

For further information concerning this matter, please call:

Victoria Kelly \_\_\_\_\_ at ( 856 \_\_\_\_\_ ) 216-0220, Ext. 225  
Name of Contact Person Area Code Daytime Telephone Number

**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

Enclosed is a check for the following amount:

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

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

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:

Kuvare Corporate Management, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC."

Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-0777465  
(FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5600 N. River Road, Suite 300  
(Street Address of Principal Office)

6. 5600 N. River Road, Suite 300  
(Mailing Address)

Rosemont, IL 60018

Rosemont, IL 60018

7. 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)

Registered agent's acceptance:

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

Melissa Clarke, Melissa Clarke, Asst. V.P.  
(Registered agent's signature)

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:  
Manager Name: Carlos Sierra  
Member Address: 5600 N. River Road, Suite 300  
Authorized Rosemont, IL 60018  
Person  
Other  Other

Title or Capacity: Name and Address:  
 Manager Name: Bradley W. Rosenblatt  
 Member Address: 5600 N. River Road, Suite 300  
 Authorized Rosemont, IL 60018  
Person  
 Other  Other

Manager Name: David A. Goldberg  
Member Address: 5600 N. River Road, Suite 300  
Authorized Rosemont, IL 60018  
Person  
Other  Other

Manager Name: Kuvare US Holdings, Inc.  
 Member Address: 5600 N. River Road, Suite 300  
 Authorized Rosemont, IL 60018  
Person  
 Other  Other

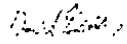
Manager Name:  
Member Address:  
Authorized  
Person  
Other  Other

Manager Name:  
 Member Address:  
 Authorized  
Person  
 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.

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 by the translator must be submitted)

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:  
  
BFF3215BE9D846A  
Signature of an authorized person

David A. Goldberg, Vice President and Secretary

Typed or printed name of signee


# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KUVARE CORPORATE MANAGEMENT, 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 THIRTEENTH DAY OF DECEMBER, A.D. 2022.



  
Jeffrey W. Bullock, Secretary of State

Authentication: 205085924

Date: 12-13-22

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SR# 20224250315

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