

MA300012694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

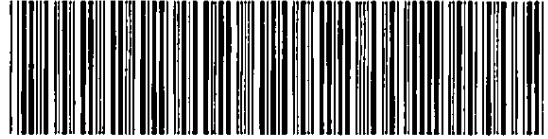
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200416342032

09/26/23--01058--001 **125.00

09/26/23 10:11:13

T. L. LEUX

OCT - 4 2023



September 22, 2023

via UPS delivery

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

**Re: Application for Certificate of Authority
Aspen Services of Kuvare, LLC**

To Whom It May Concern:

Please consider the included Application for Certificate of Authority regarding Aspen Services of Kuvare, LLC for your review and approval. Westmont Associates, Inc. has been requested to submit this correspondence on behalf of Aspen Services of Kuvare, LLC.

Also included is Certificate of Good Standing from DE SOS and a check in the amount of \$125 for the filing fee.

Thank you for your time and attention. Please contact me directly at 856-216-0220, or by email at victoria@westmontlaw.com should you have any questions or require any additional information.

Respectfully,

A handwritten signature in black ink, appearing to be a stylized 'V' or similar mark.

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:

1. Aspen Services of Kuvare, 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.")

2. Delaware 92-0970281
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 5600 N. River Road, Suite 300 5600 N. River Road, Suite 300
(Street Address of Principal Office) (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 32301
(City) Florida (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.

Vertical stamp or text on the right side of the page.

8. 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: Michael Stefan

Member Address: 5600 N. River Road, Suite 300

Authorized Rosemont, IL 60018

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

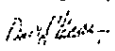
Person _____

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.

9. 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 of the translator must be submitted)

10. 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:

 Signature of an authorized person

David A. Goldberg, Vice President and Secretary

Typed or printed name of signer



State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

9922098
WESTMONT ASSOCIATES, INC
1763 MARLTON PIKE EAST
SUITE 200
CHERRY HILL, NJ 08003

08-30-2023

ATTN: VICTORIA KELLY

DESCRIPTION	AMOUNT
7122582 - ASPEN SERVICES OF KUVARE, LLC 8100H Certified Copy History - 1 Copies	
Certification Fee	\$50.00
Document Page Fee	\$2.00
Expedite Certified 24 Hour	\$50.00
7122582 - ASPEN SERVICES OF KUVARE, LLC Entity Status - Short Form	
Certification Fee	\$50.00
Expedite Fee, 24 Hour	\$40.00
TOTAL CHARGES	\$192.00
TOTAL PAYMENTS	\$192.00
BALANCE	\$0.00

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASPEN SERVICES OF KUVARE, 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 THIRTIETH DAY OF AUGUST, A. D. 2023.



7122582 8300

SR# 20233379830

You may verify this certificate online at 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.

Authentication: 204071803

Date: 08-30-23

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "ASPEN SERVICES OF KUVARE, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

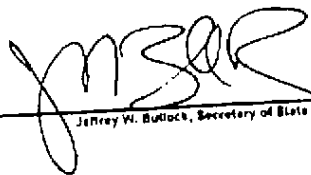
CERTIFICATE OF FORMATION, FILED THE FOURTH DAY OF NOVEMBER, A.D. 2022, AT 7:21 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "ASPEN SERVICES OF KUVARE, LLC".



7122582 8100H
SR# 20233379830

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 204071809
Date: 08-30-23

State of Delaware
Secretary of State
Division of Corporations
Delivered 07:21 PM 11/04/2022
FILED 07:21 PM 11/04/2022
SR 20223948128 - File Number 7122615

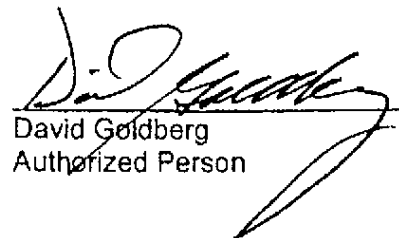
**CERTIFICATE OF FORMATION
OF
ASPEN SERVICES OF KUVARE, LLC**

This Certificate of Formation of Aspen Services of Kuvare, LLC (the "LLC") is being duly executed and filed by David Goldberg, as an authorized person, to form a limited liability company under the Delaware Limited Liability Company Act (6 Del. C. § 18-101 et seq.).

FIRST. The name of the limited liability company formed hereby is Aspen Services of Kuvare, LLC.

SECOND. The address of the LLC's registered office in the State of Delaware is 251 Little Falls Drive, Wilmington, DE 19808. The name of its registered agent at such address is Corporation Service Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation as of November 4, 2022.


David Goldberg
Authorized Person