F21000001824

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
☐ PICK-U⊃ ☐ WAIT ☐ MAIL
(Business Entity Name)
(Document Number)
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AND TO SAVE

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.65**6**:7956 Fax: 8**5**0.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE 4/1/2021

PRIORITY Regular Approval

OUR REF_#_(Order_ID#) 904729

ORDER ENTITY_

NMN SPINCO INC.

			LOWIN		

NMN SPINCO INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

Email address for annual report reminders: professional@harborcompliance.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and couner package if applicable. For UCC orders, please include the thru date on the results.

Thursday, April 1, 2021 Page 1 of 1

* 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.

NMN SPINCO	INC.				
	orporation; must include "INCORPORATED," orp." "Inc," "Co," or "Corp.")	"COMPANY." "CORPORATION	ν,"		
(If name unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transactin	g business in Florida)		
Delaware	3.	861297199			
	y under the law of which it is incorporated)	(FEI number, if applicable)			
01/04/2021	5				
(Date	of incorporation)	(Date of duration, if other	than perpetual)		
n/a					
	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150		ty)		
1111 Cromwell A	venue Suite 601, Rocky Hill, CT 06067				
·	(Principal office	: street address)			
2070 Little Hills	Expy, Saint Charles, MO 63301				
	(Current mailing	address, if different)	2021		
. Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	2021 APR		
Name:	Registered Agents Inc.	<u> </u>			
Office Address:	7901 4th St N STE 300				
	St. Petersburg	. Florida ³³⁷⁰²	9: 0		
	(City)	(Zip code)	15		

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 Agents Inc.
Bill Havre - Assistant Secretary

(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.

A. DIRECTORS Name: _____Mike Swinford Tamas Feitel □ Chairman Name: ■ Chairman 155 Franklin Road Suite 300 155 Franklin Road Suite 300 Address: ☐ Vice Chairman ☐ Vice Chairman Address: Brentwood, TN 37027 Brentwood, TN 37027 □ Director Director ☐ President President □ Vice President □Vice President □Treasurer □ Secretary ■ Treasurer □ Secretary □Other _____ □Other _____ □Other _____ □Other _____ Tim Casey □ Chairman □ Chairman Name: ______ 155 Franklin Road Suite 300 □Vice Chairman Address: _ ☐ Vice Chairman Address: Brentwood, TN 37027 Director □ Director □ President □President □ Vice President _____ □ Vice President ■ Secretary □Treasurer □ Secretary ☐ Treasurer ☐Other _____ □Other _____ ☐Other _____ ☐ Other _____ ☐ Chairman Name: □Chairman Name: □Vice Chairman Address: □Vice Chairman Address: _____ □ Director □ Director ☐ President □ President □Vice President _____ □ Vice President ☐ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other _____ □Other _____ □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.

Tamas Feitel

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NMN SPINCO 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 FOURTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NMN SPINCO INC."

WAS INCORPORATED ON THE FOURTH DAY OF JANUARY, A.D. 2021.

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

Authentication: 202651659

Date: 03-04-21

4609400 8300 SR# 20210798194