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Name:	Exerp America Inc.
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	Thank you!

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.

Exerp America Inc.

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

Delaware	able in Florida, enter alternate corporate name adop		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applica	ible)
6/9/2021	5		
(Date	of incorporation)	(Date of duration, if other than	perpetual)
	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502,		
	lace, Suite 350, Cincinnati, OH 45242		
·	(Principal o	fice address)	
	(Current mailing ad	dress, if different)	in the second se
. Name and stree	address of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)	
Name:	C T Corporation System	-	6 P
Office Address:	1200 South Pine Island Road	_	PH 2: 06
	Plantation,	. Florida	FLE
	(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.

C T Corporation System By: Madonna Cuddihy, 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.

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11. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS
Chairman	:
Address:	
1	
Vice Chai	rman:
Address:	
Director:	Randy Eckels
Address:	4600 McAuley Place. Suite 350, Cincinnati, OH 45242
Diractory	Brian Carley
	4600 McAuley Place, Suite 350, Cincinnati, OH 45242
B. OFF	ICERS Randy Eckels
President:	4600 McAuley Place, Suite 350, Cincinnati, OH 45242
Åddress:	
4 • •	
Vice Pres	ident:
Address:	
Secretary	Brian Carley
	4600 McAuley Place, Suite 350. Cincinnati, OH 45242
	Brian Carley
	4600 McAuley Place. Suite 350, Cincinnati, OH 45242
	If necessary, you may attach an addendum to the application listing additional officers and/or directors. Fauly Eucly
The offic are true :	Signature of Director or Officer eer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein and that he or she is aware that false information submitted in a document to the Department of State constitutes egree felony as provided for in s.817.155, F.S.
13	Randy Eckels, President (Typed or printed name and capacity of person signing application)
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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EXERP AMERICA 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 SIXTH DAY OF JULY, A.D. 2021.

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



of State

Authentication: 203603799

Date: 07-06-21

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SR# 20212630086 You may verify this certificate online at corp.delaware.gov/authver.shtml

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