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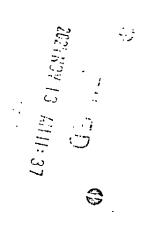
(Requestor's Name)
(Address)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

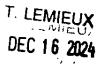




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11/13/24--01025--017 **87.50





COVER LETTER

	Registration Section Division of Corporations						
SUBJE	CT:	KNOVA ONE INC.					
Name of corporation - must include suffix							
Dear Sir	or Ma	ndam:					
"Certific:	ate of	'Application by Foreign Co Existence," or "Certificate ed foreign corporation to tr	of Good Stanc	ling" and check are submitt	usiness in Florida." led to register the		
Please re	turn a	Il correspondence concerni	ng this matter	to the following:			
Gregory I	E. Har	mer		-			
			Name of P	Person			
Knova Or	ne Inc.						
	_		Firm/Comp	pany			
27500 Riv	vervie	w Center Blvd Suite 200					
			Addres	SS			
Bonita Sp	rings.	FL 34134					
·		· · · · · · · · · · · · · · · · · · ·	City/State an	d Zip code			
Gregory.1	larme	r@TrakAmerica.com	•	·			
		E-mail address	(to be used fo	r future annual report notif	ication)		
For furthe	er info	ormation concerning this m	atter, please ca	.11:			
Gregory E. Harmer 347		347 at (350-4972				
<u> </u>	Name	of Person	Area Code	Daytime Telephone	Number		
R D T 24	legisti Divisio The Ce 415 N	ET/COURIER ADDRESS ration Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 assee, FL 32303		MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations		
	ke che	heck for the following amo ck payable to: FLORIDA DE g Fee	PARTMENT (Fee &		\$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.

Office Address:	
2. Delaware (State or country under the law of which it is incorporated) 4. 11/06/2024 (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration) (Date of duration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 27500 Riverview Center Blvd Suite 200 Bonita Springs FL 34134 (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 1201 Hays Street	
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(Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of duration, if other than perpetual)	<u> </u>
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 27500 Riverview Center Blvd Suite 200 Bonita Springs FL 34134 (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 1201 Hays Street	_
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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street	_
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Corporation Service Company 1201 Hays Street	
Office Address:	_
Office Address:	
Office Address:	. <u>:</u>
Office Address:	2824 MC 2
Tallahassee 32301	
(City) (Zip code)	
	,
9. Registered agent's acceptance:	ć
Having been named as registered agent and to accept service of process for the above stated corporation at t designated in this application, I hereby accept the appointment as registered agent and agree to act in this co	he place
further agree to comply with the provisions of all statutes relative to the proper and complete performance of	pacuy. 1 Imv dutia
and I am familiar with and accept the obligations of my position as registered agent.	m, amic
(Supplied upon request)	
(Registered agent's signature)	
10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this app	

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{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: Steven Begleiter	□ Chairman	Name: Stephen Haworth				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	27500 Riverview Center Blvd	Director	27500 Riverview Center Blvd				
□President	Suite 200	□President	Suite 200				
□Vice President	Bonita Springs, FL 34134	□Vice President	Bonita Springs, FL 34134				
Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other	Other	Other	Other				
□Chairman	Name: Paul Grinberg	□ Chairman	Phillip Purcell Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
Director	27500 Riverview Center Blvd	Director	27500 Riverview Center Blvd				
□President	Suite 200	□President	Suite 200				
□Vice President	Bonita Springs, FL 34134	□Vice President	Bonita Springs, FL 34134				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other	Other	Other	Other				
□ Chairman	Name:	□ Chairman	Name: Gregory F. Harmer				
□Vice Chairman	Address:	☐Vice Chairman	Address:				
■ Director	27500 Riverview Center Blvd	□Director	27500 Riverview Center Blvd				
□President	Suite 200	□ President	Suite 200				
 □Vice President	Bonita Springs, FL 34134	□Vice President	Bonita Springs. FL 34134				
Secretary	□Treasurer	■ Secretary	☐ Treasurer				
Other	Other	Other EVP	Other				
	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	partment of State Annual Re					
12	12. Signature (f Director or Officer						
	Signature of Dire	ector 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. Cregory E. Havner, EVP (Typed or printed name and capacity of person signing application)							
(Typed or printed name and capacity of person signing application)							



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

DELAWARE, DO HEREBY CERTIFY THAT "KNOVA ONE INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT HAVING BEEN

CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS OFFICE SHOW

AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-SEVENTH DAY OF MARCH, A.D. 2024, AT 12:12 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

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

Authentication: 204805585

Date: 11-06-24