

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (350) 617-6383 From: Account Name : INCORP SERVICES INC Account Number : T20120000007 Phone : (702) 866-2500 Fax Number : (702) 866-2639 Enter the email address for this business entity to b annual report mailings. Enter only one email addre Email Address: Mannen & Mary Company CONVERGE ACQUISITION, LLC Certificate of Status 0 Certificate of Status 0				
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COVER LETTER

TO: Registration Section

Division of Corporations

CONVERGE ACQUISITION, LLC

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:

Jennifer Sharp

Name of Person

InCorp Services, Inc.

Firm/Cumpany

3773 Howard Hughes Pkwy. · Suite 500S

Address

Les Vegas, NV 89169-6014

City/State and Zip Code

documents@Incorp.com

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

For further information concerning this matter, please call:

Jennifer Sharp on behalf of InCorp Services, Inc. at 800-246-2677

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tailahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$125.00 Filing Fee

Certificate of Status

Certified Copy

S160.00 Filing Fee, Certificate of Status & Certified Copy

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605 0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

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Delaware		3	
() EURASICODE CODEL INE DIVE QL 4	lieb foreign Grited Habliky company is organized)	(FEI surder, il applic	able)
Upon Registration			
	(Dete first transacted business in Florida, Liprior ((See sections 603 0904 & 803,0905, F.S. to deter	e registration.) texas pendity labitity)	
1936 Lee Road, Suit		6, 130 Technology Parkway	
(Streel Aderais of	Prinzipel Office)	(Mailing Address)	
Winter Park, FL 32	789	Peachtree Corners, GA 30092	
	·····		ui) é
Name and <u>street addre</u>	ig of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	- A-
			~
Name:	InCorp Services, Inc.		5
			-
Office Address:	17888 67th Court North		ť
	Loxahatchee	, Florida <u>33470</u>	()

Registered agent's acceptance:

Having been nonied 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 us 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 familier with ond accept the obligations of my position as registered agent.

Jennifer Sharp on behalf of Incorp Services, Inc. (Registered sparst's signature)

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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: Name: <u>Ron Hinkle</u>	<u>Title or Capacity</u> Manager	-	Name and		
Member	Address: 1936 Lee Road, Sulte 270 Winter Park, FL 32789	Member				
Authorized		Authorized				
Person		Person	•		···	
Other	Other	Other		Other_		
Manager	Nuine:	🗋 Managar	Name:			
Member	Address:	🗋 Member	Address:			
Authorized		Authorized				
Person		Person				
Other	Other	Other		Other_		
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Manager	Name:	Manager	Name:			<u> </u>
Member	Address;	🔲 Member	Address:	_		
Authorized	<u></u>	Authorized			تر` ح	· ·
Person	·	Person				<u>.</u>
Other	Other	Other		_Oth er		

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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). Elorido Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third for set felony as provided for in s.\$17.155, F.S.

· · ·	 Signatore of an authorized person	<u> </u>
Ron Hinkle		
	 Typed or primed name of signes	

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CONVERGE ACQUISITION, 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 SEVENTEENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONVERGE ACQUISITION, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF AUGUST, A.D. 2017.

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



Juliny Vi. Control Lawrence of East

Authentication: 202657333 Date: 04-17-19

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SR# 20192906662 You may verify this certificate online at corp.delaware.gov/authver.shtml @005/005

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