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Florida Department of State
Division of Corporations
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Foreign Limited Liability Company
Alexander Mann CWS LLC

Certificate of Status	0
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Page Count	03
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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. Alexander Mann CWS 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 83-4591824
(Jurisdiction under the law of which foreign limited liability company is organized) (PCI number, if applicable)

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

5. 1301 East 9th Street Suite 1200 Cleveland, OH 44114
(Site Office Address of Principal Office)
6. 1301 East 9th Street Suite 1200 Cleveland, OH 44114
(Working Address)

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7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation Florida 33324
(City) (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.

By: Denise Bell, Asst Secretary
(Registered agent's signature)

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: Alexander Mann Solution Corp

Member Address: 1301 East 9th Street

Authorized Suite 1200

Person Cleveland, OH 44114

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: Rosaleen M. Blair

Member Address: 1301 East 9th Street

Authorized Suite 1200

Person Cleveland, OH 44114

Other _____ Other _____

Manager Name: Mark A. Jones

Member Address: 1301 East 9th Street

Authorized Suite 1200

Person Cleveland, OH 44114

Other _____ Other _____

Manager Name: Steven J. Leach

Member Address: 1301 East 9th Street

Authorized Suite 1200

Person Cleveland, OH 44114

Other _____ Other _____

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FLORIDA

Manager Name: Selva S. Naidu

Member Address: 1301 East 9th Street

Authorized Suite 1200

Person Cleveland, OH 44114

Other _____ Other _____

Manager Name: Lisa N. Rea

Member Address: 1301 East 9th Street

Authorized Suite 1200

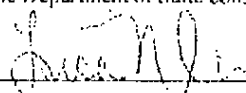
Person Cleveland, OH 44114

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.



Signature of an authorized person

Lisa N. Rea

Typed or printed name of signer

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: Manager
Name and Address: Name: Matthew C. Rodger
 Address: 1301 East 9th Street
Suite 1200
Cleveland, OH 44114
 Person
 Other _____ Other _____

Title or Capacity: Manager
Name and Address: Name: Michael S. Wachholz
 Address: 1301 East 9th Street
Suite 1200
Cleveland, OH 44114
 Person
 Other _____ Other _____

Manager Name: Elizabeth A. Whittaker
 Member Address: 1301 East 9th Street
 Authorized Suite 1200
 Person Cleveland, OH 44114
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

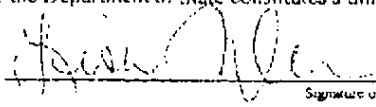
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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 Signature of an authorized person

Lisa N. Rea

 Typed or printed name of signee

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALEXANDER MANN CWS 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 EIGHTH DAY OF MAY, A.D. 2019.

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

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TALLAHASSEE, FLORIDA



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

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