

## Florida Department of State

Division of Corporations

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## Foreign Limited Liability Company

Alexander Mann CWS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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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 3. 83-4591824  
(Jurisdiction under the law of which Foreign limited liability company is organized) (FBI number, if applicable)

4. (Date first 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 6. 1301 East 9th Street  
(Street Address of Principal Office) (Mailing Address)  
Suite 1200 Suite 1200  
Cleveland, OH 44114 Cleveland, OH 44114

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 33324  
(City) Florida (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 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

☒ Manager Name: Mark A. Jones

☐ Member Address: 1301 East 9th Street

☐ Authorized Suite 1200

Person Cleveland, OH 44114

☐ Other ☐ Other

☒ Manager Name: Selva S. Naidu

☐ 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: Steven J. Leach

☐ 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

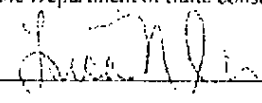
Person Cleveland, OH 44114

☐ 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:** **Name and Address:**

☒ Manager Name: Matthew C. Rodger

☐ Member Address: 1301 East 9th Street

☐ Authorized Suite 1200

Person Cleveland, OH 44114

☐ Other ☐ Other

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

☒ Manager Name: Michael S. Wachholz

☐ Member Address: 1301 East 9th Street

☐ Authorized Suite 1200

Person Cleveland, OH 44114

☐ 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

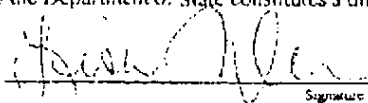
Person

☐ Other ☐ Other

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Signature of an authorized person

Lisa N. Rea

Typed or printed name of signer

# Delaware

The First State

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.

FILED  
2019 MAY 10 PM 4:44  
TALLAHASSEE, FLORIDA



7380535 8300

SR# 20193685978

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State

Authentication: 202790356

Date: 05-08-19