

N190000009411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

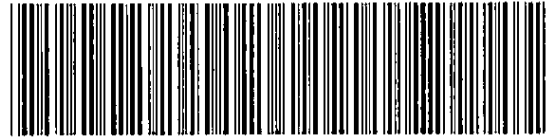
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 OCT - 1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Y SCOTT

OCT 02 2019

✓

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 939000 8210925
AUTHORIZATION : *[Signature]*
COST LIMIT : \$125.00

ORDER DATE : September 30, 2019

ORDER TIME : 9:52 AM

ORDER NO. : 939000-005

CUSTOMER NO: 8210925

FOREIGN FILINGS

NAME: AEROFLEXX, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations
Aeroflexx, LLC

SUBJECT: _____
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:

Diana Schwering

Name of Person
WE-Innventure LLC

Firm/Company
3452 Lake Lynda Drive, suite 151

Address
Orlando, FL 32817

City/State and Zip Code
dschwering@innventure.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Diana Schwering 321 624-9507

Name of Contact Person at ()
Area Code Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, 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 ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**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:*

Aeroflexx, LLC

1. _____
(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.")

Delaware

90-1374273

2. _____
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI 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)

3452 Lake Lynda Drive, Suite 151

3452 Lake Lynda Drive, Suite 151

5. _____
(Street Address of Principal Office)

Orlando, FL 32817

6. _____
(Mailing Address)

Orlando, FL 32817

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

Corporation Service Company

Name: _____

1201 Hays Street

Office Address: _____

Tallahassee

32301

_____, Florida _____
(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: _____
Corporation Service Company
(Registered agent's signature)

Roxanne Turner
Asst. Vice President

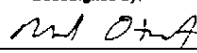
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Gregory Wasson</u>	<input type="checkbox"/> Manager	Name: <u>James O. Donnelly</u>
<input checked="" type="checkbox"/> Member	Address: <u>233. N Michigan Ave. Ste 1410</u>	<input checked="" type="checkbox"/> Member	Address: <u>3452 Lake Lynda Dr. ste 151</u>
<input type="checkbox"/> Authorized	Chicago, IL 60601	<input type="checkbox"/> Authorized	Orlando, FL 32817
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>John Scott</u>	<input type="checkbox"/> Manager	Name: <u>Kimberly Wasson</u>
<input checked="" type="checkbox"/> Member	Address: <u>3452 Lake Lynda Dr. ste 151</u>	<input checked="" type="checkbox"/> Member	Address: <u>233 N Michigan Ave. Ste 14</u>
<input type="checkbox"/> Authorized	Orlando, FL 32817	<input type="checkbox"/> Authorized	Chicago, IL 60601
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: <u>Michael Lingle</u>	<input type="checkbox"/> Manager	Name: <u>Michael Otworth</u>
<input checked="" type="checkbox"/> Member	Address: <u>233. N Michigan Ave. Ste 1410</u>	<input checked="" type="checkbox"/> Member	Address: <u>3452 Lake Lynda Dr. ste 151</u>
<input type="checkbox"/> Authorized	Chicago, IL 60601	<input type="checkbox"/> Authorized	Orlando, FL 32817
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

DocuSigned by:

 ABAB2FEB3269482... Signature of an authorized person
 Mike Otworth
 Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AEROFLEXX, 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 THIRTIETH DAY OF SEPTEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AEROFLEXX, LLC" WAS FORMED ON THE EIGHTH DAY OF FEBRUARY, A.D. 2018.

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

FILED
2019 OCT -1 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6748804 8300

SR# 20197301269

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

Authentication: 203695722

Date: 09-30-19