

MI9000009515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

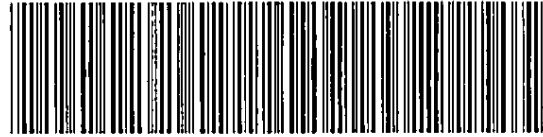
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

~~MI900088800~~

Office Use Only



900334884219

FILED

2019 OCT -3 AM 9:35

REMOVED

2019 OCT -3 PM 2:08

Y SULKER

OCT 08 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**RESUBMIT**

Please give original  
submission date as file date.

October 4, 2019

CORPORATION SERVICE COMPANY

SUBJECT: PURECYCLE TECHNOLOGIES LLC  
Ref. Number: W19000088800

We have received your document for PURECYCLE TECHNOLOGIES LLC .  
However, the enclosed document has not been filed and is being returned to you  
for the following reason(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 319A00020487

19 OCT -7 4:11:04

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

ACCOUNT NO. : I20000000195

REFERENCE : 939000 8210925

AUTHORIZATION :



COST LIMIT : \$ 125.00

-----  
ORDER DATE : September 30, 2019

ORDER TIME : 11:43 AM

ORDER NO. : 939000-060

CUSTOMER NO: 8210925  
-----

FOREIGN FILINGS

NAME: PURECYCLE TECHNOLOGIES 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: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations  
Purecycle Technologies 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 Dr. ste 151

\_\_\_\_\_  
Address

Orlando, FL 32817

\_\_\_\_\_  
City/State and Zip Code  
dschwering@innventure.com

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

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:*

Purecycle Technologies 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

81-3662328

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.*

Corporation Service Company  
By: \_\_\_\_\_

(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

FILED

2019 OCT -3 PM 9:35

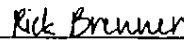
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: James O. Donnally	<input type="checkbox"/> Manager	Name: John Scott
	3452 Lake Lynda Dr. ste 151		3452 Lake Lynda Dr. ste 151
<input checked="" type="checkbox"/> Member	Address: Orlando, FL 32817	<input checked="" type="checkbox"/> Member	Address: Orlando, FL 32817
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name: Richard Brenner	 <input type="checkbox"/> Manager	 Name: Michael Otworth
	3452 Lake Lynda Dr. ste 151		3452 Lake Lynda Dr. ste 151
<input checked="" type="checkbox"/> Member	Address: Orlando, FL 32817	<input checked="" type="checkbox"/> Member	Address: Orlando, FL 32817
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
 <input type="checkbox"/> Manager	 Name:	 <input type="checkbox"/> Manager	 Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
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:  
  
 F56950EEDEF7402... Signature of an authorized person  
 Rick Brenner  
 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 "PURECYCLE TECHNOLOGIES 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 FIRST DAY OF OCTOBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PURECYCLE TECHNOLOGIES LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2015.

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



5824617 8300

SR# 20197317196

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203701763

Date: 10-01-19