

MI9000009515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

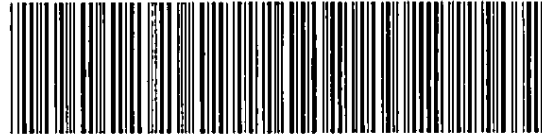
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~MI9000088800~~

Office Use Only



900334884219

FILED

2019 OCT -3 AM 9:35

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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 : *[Signature]*
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:

1. Purecycle Technologies 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. 81-3662328
(Jurisdiction under the law of which foreign limited liability company is organized) (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)

5. 3452 Lake Lynda Drive, suite 151 6. 3452 Lake Lynda Drive, suite 151
(Street Address of Principal Office) (Mailing Address)
Orlando, FL 32817 Orlando, FL 32817

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2019 OCT -3 PM 9:35

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

Name: Corporation Service Company
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: Roxanne Turner 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: James O. Donally	<input type="checkbox"/> Manager	Name: John Scott
<input checked="" type="checkbox"/> Member	Address: 3452 Lake Lynda Dr. ste 151	<input checked="" type="checkbox"/> Member	Address: 3452 Lake Lynda Dr. ste 151
<input type="checkbox"/> Authorized	Orlando, FL 32817	<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

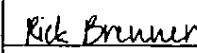
<input type="checkbox"/> Manager	Name: Richard Brenner	<input type="checkbox"/> Manager	Name: Michael Otworth
<input checked="" type="checkbox"/> Member	Address: 3452 Lake Lynda Dr. ste 151	<input checked="" type="checkbox"/> Member	Address: 3452 Lake Lynda Dr. ste 151
<input type="checkbox"/> Authorized	Orlando, FL 32817	<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: _____	<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

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The First State

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.




Jeffrey W. Bullock, Secretary of State

5824617 8300

SR# 20197317196

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

Authentication: 203701763

Date: 10-01-19