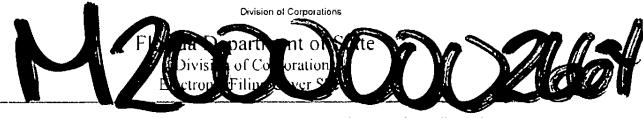
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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company **Donovan Acquisition LLC**

Certificate of Status	U
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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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 1-1 ORIDA: Donovan Acquisition 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 "L.L.C," or "L.L.C.") 84-4855978 Delaware (FEI aumber, if applicable) (Jurisdiction under the law of which foreign limited lightlyt company is organized) March 9, 2020 (Date first transacted business in Florids, if prior to registration.) (See sections 605 0904 & 605.0905, F.S. to determine penalty liability) 1787 Williams Drive 1787 Williams Drive (Street Address of Principal Office) Marietta, Georgia 30066 Marietta, Georgia 30066 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation

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.

(Begintered agent uniquature)

Person

Title or Capacity:	Name and Address:	Title or Capacit	<u>iy:</u>	Name and Address:	
□Manager	Name: Wrench Group LLC	□Manager	Name:	<del></del> -	
■Member	Address: 1787 Williams Drive	□Member	Address:		
□Authorized	Marietta, Georgia 30066	□Authorized	<del></del>		
Person.		Person			
□Other	Other	Other		□Other	
□Manager	Name: Kenneth Haincs	∐Manager	Name:		
□Member	Address: 1787 Williams Drive	∐Member	Address: _		
■ Authorized	Marietta, Georgia 30066	☐ Authorized			
Person		Person	<del></del>		
Other	Other	□Other		Other	2 23
☐Manager	Name: Michael Tho:npson	□Manager	Name:		- 51 - 51
□Member	Address: 1787 Williams Drive	∃Member	∧ddress: _		7
■ Authorized	Marietta, Georgia 30066	□Authorized			<i>₹</i>

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.

□Other\_\_\_\_\_

Person

Other\_

Otner\_

- 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.

benneth Haines		
	Signature of an authorized person	-
Kenneth Haines		
· · · · · · · · · · · · · · · · · · ·	Fyned of printed name of styriot	

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "DONOVAN ACQUISITION 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 SIXTH DAY OF MARCH, A.D. 2020.

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

Authentication: 202530781

Date: 03-06-20

7867187 8300 SR# 20201966441

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