

M210000001785

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

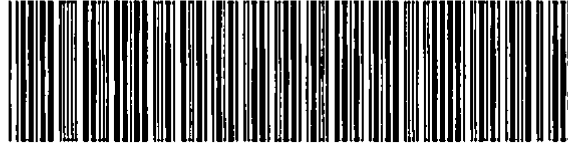
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

2/14/21

COVER LETTER

O: Registration Section
Division of Corporations

STRYTEN MANUFACTURING 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:

PAMELA ABNER

Name of Person

MOTREX LLC / STRYTEN

Firm/Company

3700 MANSELL ROAD SUITE 400

Address

ALPHARETTA, GA 30022

City/State and Zip Code

pam.abner@motrexllc.com

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

For further information concerning this matter, please call:

Pamela Abner

404

606-3922

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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TALLAHASSEE, FL

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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:

STRYTEN MANUFACTURING 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.")

DELAWARE

85-2330193

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

3.

(FEI number, if applicable)

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

3700 Mansell Road Suite 400

(Street Address of Principal Office)

6.

3700 Mansell Road Suite 400

(Mailing Address)

Alpharetta GA 30022

Alpharetta GA 30022

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

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

, Florida

32301

(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.*

Lynn M. Cannelongo

(Registered agent's signature)

Lynn M. Cannelongo, AVP

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TALLAHASSEE, FL

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: Mike Judd

☐ Member Address: 3700 Mansell Road

☐ Authorized Suite 400

Person Alpharetta GA 30022

☐ Other _____ ☐ Other _____

☒ Manager Name: Tim Vargo

☐ Member Address: 3700 Mansell Road

☐ Authorized Suite 400

Person Alpharetta GA 30022

☐ Other _____ ☐ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ ☐ Other _____

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

☒ Manager Name: Lou Martinez

☐ Member Address: 3700 Mansell Road

☐ Authorized Suite 400

Person Alpharetta GA 30022

☐ Other _____ ☐ Other _____

☒ Manager Name: Jacob Hudson

☐ Member Address: 3700 Mansell Road

☐ Authorized Suite 400

Person Alpharetta GA 30022

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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SECRETARY OF STATE
TALLAHASSEE, FL

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-exempt individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 by the translator must be submitted)

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

Mike Judd

Typed or printed name of signer

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRYTEN MANUFACTURING 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 SIXTEENTH DAY OF DECEMBER, A.D. 2020.

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SECRETARY OF STATE
TALLAHASSEE, FL



3344756 8300

SR# 20208622383

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

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204337059

Date: 12-16-20