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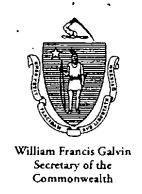
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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;

Upon filing (Date first transacted business in Plorida, if prior to registration) (See sections 695,0904 & 603,0905, F.S. to determine penalty hability) 5910 Landerbrook Drive 6.	name unavailable, enter alternate	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liabili	ity Company," "L.L.C," or "L.L.C.
Upon filing (Date first transacted business in Florida, if prior to registration) (See vections 605.0904 & 605.0905, F.S. to determine penalty liability) 5910 Landerbrook Drive 6. 5910 Landerbrook Drive 6. (Mailing Address) Cleveland, OH 44124 USA Cleveland, OH 44124 USA Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A Tallahassee Tallahassee Florida 152301 Florida 154	MA		3.	
Cleveland, OH 44124 USA Cleveland, OH 44124 USA Cleveland, OH 44124 USA	(Jurisdiction under the law of v	hich foreign limited liability company is organized)	(FEI number, i	f applicable)
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Cleveland, OH 44124 USA Cleveland, OH 44124 USA Cleveland, OH 44124 USA Cleveland, OH 44124 USA Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr. Suite A Tallahassee Tallahassee Florida 132301 Florida		(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determine	egistration) ie penalty liability)	_
Cleveland, OH 44124 USA Cleveland, OH 44124 USA Cleveland, OH 44124 USA Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr. Suite A Office Address: Tallahassee Tallahassee Florida 12301 32301 434	5910 Landerbrook Dr	ive		
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr. Suite A Tallahassee Tallahassee Florida 32301 Florida	cet Address of Principal Office)		(Mailing Address)	
Name: Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A Tallahassee Tallahassee Florida 32301 Florida	Cleveland, OH 44124	USA	Cleveland, OH 44124 USA	
Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr. Suite A Tallahassee Tallahassee Florida 32301 Florida				
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Name: 155 Office Plaza Dr. Suite A Office Address: Tallahassec Tellahassec Florida Florida	Name and street addre	es of Florida registered agent: JP O. Roy	NOT accontable)	. 2
Name: 155 Office Plaza Dr. Suite A Office Address: Tallahassec Tallahassec Florida Florida	Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box	NOT acceptable)	2021 /
Office Address: Tallahassee 32301 \omega_ Florida	Name and <u>street addre</u>		NOT acceptable)	2021 MAY
Tallahassee 32301			NOT_acceptable)	2021 MAY -3
	Name:	Registered Agent Solutions, Inc.	NOT acceptable)	ZOZIMAY-3 FA
	Name:	Registered Agent Solutions, Inc.	NOT acceptable)	2021 MAY -3 PH II
(Zip code)	Name:	Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A	32301	2021 MAY -3 FM 1: 31
	Name: Office Address:	Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A Tallahassec (Cay)	32301	2021 MAY - 3 FH 1: 34
ving been named as registered agent and to accept service of process for the above stated limited liability company at the pla	Name: Office Address: gistered agent's acceptions been named as re	Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A Tallahassec (Cay) stance: egistered agent and to accept service of present agent and to accept service of present agent and to accept service of present agent age	. Florida 32301 (Zip code)	billity company at the plan
ving been named as registered agent and to accept service of process for the above stated limited liability company at the polignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further	Name: Office Address: gistered agent's accep ving been named as re ignated in this applica	Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A Tallahassec (Cuy) stance: egistered agent and to accept service of praction, I hereby accept the appointment as	Florida 32301 (Zip code) rocess for the above stated limited liah registered agent and agree to act in the	bility company at the public capacity. I further
ving been named as registered agent and to accept service of process for the above stated limited liability company at the pl ignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w	Name: Office Address: gistered agent's acception ving been named as resignated in this application with the provise	Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A Tallahassec (Cay) stance: egistered agent and to accept service of pretion, I hereby accept the appointment as ions of all statutes relative to the proper a	Florida 32301 (Zip code) rocess for the above stated limited liah registered agent and agree to act in the	bility company at the pl
gistered agent's acceptance: ving been named as registered agent and to accept service of process for the above stated limited liability company at the pl ignated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w if accept the obligations of my position as registered agent. Bracker, Wanger	Name: Office Address: gistered agent's acception ving been named as resignated in this application with the provise	Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A Tallahassee (Cay) Stance: registered agent and to accept service of praction, I hereby accept the appointment as ions of all statutes relative to the proper as of my position as registered agent.	32301 Florida (Zip code) rocess for the above stated limited liab registered agent and agree to act in the limited complete performance of my duties	bility company at the pl

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: Title or Capacity: Name and Address: Dellinger, Betsy Name: Adams, Christopher **■**Manager ■ Manager Address: ____ Address: 5910 Landerbrook Drive □Member □Member Cleveland, OH 44124 Cleveland, OH 44124 □ Authorized □ Authorized Person Person □Other____ Other____ Other____ □Other Name: Gehrlein, Andrew Name: May, Stella **■** Manager ■ Manager 5910 Landerbrook Drive 5910 Landerbrook Drive □ Member ☐ Member Cleveland, OH 44124 Cleveland, OH 44124 ☐ Authorized □ Authorized Person Person □Other Other___ Other □Other____ □Manager Name: _____ □Manager □Member Address: □Member Address: □ Authorized ☐ Authorized Person Person □Other □Other______ □Other_ □ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Signature of an authorized person Betsv Dellinger

Typed or printed name of signee



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02188

April 22, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

CURVATURE TECHNOLOGIES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on October 19, 2020.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: JOEL SCHWARZ, TIAGO ANDRE, CHRISTIAN UNGER, DONNA TROY, RANDY HENDRICKS, BRETT PEARLMAN, PATRICK BARTELS, JONATHAN FOSTER

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: JOEL SCHWARZ, TIAGO ANDRE, CHRISTIAN UNGER, DONNA TROY, RANDY HENDRICKS, BRETT PEARLMAN, PATRICK BARTELS, JONATHAN FOSTER, STEVE FAVORY, PATRICK BARRY

The names of all persons authorized to act with respect to real property listed in the most recent filing are: NONE



In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

William Travin Galicin