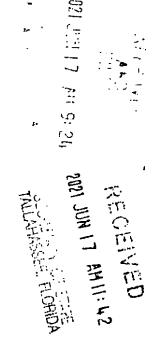
M21000007576

| (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: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



600368458696





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 06/17/2021 | |
|--------------|----------------------------------|----------------------|
| | Chris Vick | _ |
| Reference #: | | <u> </u> |
| Entity Name: | SERVICEMASTE | R OPCO HOLDINGS LLC |
| | | |
| ✓ Article | s of Incorporation/Authorization | to Transact Business |
| Amend | dment | |
| Chang | ge of Agent | |
| ☐ Reinst | tatement | |
| Conve | ersion | |
| ☐ Merge | er | |
| ☐ Dissol | ution/Withdrawal | |
| Fictitio | ous Name | |
| Other_ | | |
| Authorized A | mount / \$125.00 | |

COVER LETTER

TO: Registration Section

| Divisio | n of Corporations | | | | |
|-------------------------------------|---|--|--|--|--|
| SUBJECT: | ServiceMaster OpCo Holdings LLC | | | | |
| Name of Limited Liability Company | | | | | |
| The enclosed "A Existence, and c | application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of heck 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: | | | | |
| | Tricia Kinney | | | | |
| | Name of Person | | | | |
| | ServiceMaster OpCo Holdings LLC | | | | |
| | Firm/Company | | | | |
| | One Glenlake Parkway NE, Suite 1400 | | | | |
| | Address | | | | |
| | Atlanta, GA 30328 | | | | |
| | City/State and Zip Code | | | | |
| | tricia.kinney@servicemaster.com | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | |
| For further info | rmation concerning this matter, please call: | | | | |
| | Vicki Schlierer 518 213-0886 | | | | |
| | Name of Contact Person Area Code Daytime Telephone Number | | | | |
| Divisio Registi P.O. B | ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | | |
| Please | ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 25.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy | | | | |

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

| Delaware attidiction unifer the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 005,0904 & 605,0903, F.S. to determine penalty liability) One Glenlake Parkway NE, Suite 1400 (Sureal Address of Principal Office) Atlanta, GA 30328 Atlanta, GA 30328 Atlanta, GA 30328 Atlanta, GA 30328 Name: COGENCY GLOBAL INC. Office Address: 115 North Calhoun St. Suite 4 | | ServiceMaster OpC | | | |
|--|----------------------------------|---|-----------------------------|-------------------------|----------------|
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty finiting) One Glenlake Parkway NE, Suite 1400 (Sucer Address of Principal Office) Atlanta, GA 30328 One Glenlake Parkway NE, Suite 1400 (Nailing Address) Atlanta, GA 30328 Atlanta, GA 30328 Name: COGENCY GLOBAL INC. | (Name of Foreign | Limited Liability Company; must include "Limite | d Liability Company," " | L.E.C.," or "LLC;") | |
| Delaware Justisdiction under the law of which forcigis limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605,0004 & 605,0905, F.S. to determine penalty liability) One Glenlake Parkway NE, Suite 1400 (Sueer Address of Principal Office) Atlanta, GA 30328 Atlanta, GA 30328 Atlanta, GA 30328 Jame and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: COGENCY GLOBAL INC. | | | | | 151 A CH 191 C |
| (Pate first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty fiability) One Glenlake Parkway NE, Suite 1400 (Street Address of Principal Office) Atlanta, GA 30328 Atlanta, GA 30328 | e unavailable, enter alternate s | sine adopted for the purpose of transacting business in Flo | rida. The alternate name mu | | |
| (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty flability) One Glenlake Parkway NE, Suite 1400 (Street Address of Principal Office) Atlanta, GA 30328 Atlanta, GA 30328 Name: COGENCY GLOBALINC. Office Address: 115 North Calhoun St. Suite 4 | - | _ : | 3 | | |
| One Glenlake Parkway NE, Suite 1400 (Street Address of Principal Office) Atlanta, GA 30328 Name: COGENCY GLOBAL INC. | legisdiction under the law of w | nch foreign limited liability company is organized) | | (FEI number, if applica | able) |
| One Glenlake Parkway NE, Suite 1400 (Street Address of Principal Office) Atlanta, GA 30328 Atlanta, GA 30328 Atlanta, GA 30328 Atlanta, GA 30328 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: COGENCY GLOBAL INC. | | | | | |
| One Glenlake Parkway NE, Suite 1400 (Sured Address of Principal Office) Atlanta, GA 30328 Atlanta, GA 30328 Atlanta, GA 30328 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: COGENCY GLOBAL INC. | | (Date first transacted business in Florida, if prior to | registration.) | | |
| Atlanta, GA 30328 Atlanta, GA 30328 Atlanta, GA 30328 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: COGENCY GLOBAL INC. Office Address: 115 North Calhoun St. Suite 4 | | | | 4 . 5 | 0.14.4400 |
| Atlanta, GA 30328 Atlanta, GA 30328 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: COGENCY GLOBAL INC. Office Address: 115 North Calhoun St. Suite 4 | | | 6 | nlake Parkway NE, | , Suite 1400 |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: COGENCY GLOBAL INC. Office Address: 115 North Calhoun St. Suite 4 | (Street Address of | Principal Office) | | | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: COGENCY GLOBAL INC. Office Address: 115 North Calhoun St. Suite 4 | Atlanta, | GA 30328 | A | tlanta, GA 30 | 328 |
| Office Address: 115 North Calhoun St. Suite 4 | lame and <u>street addre</u> | ss of Florida registered agent: (P.O. Box | (<u>NOT</u> acceptable) | | |
| Office Address: 113 NOITH Callioun St. Suite 4 | Name: | COGENCY GLOBA | ALINC. | | |
| | Office Address: | 115 North Calhoun St | . Suite 4 | | |
| Tallahassee , Florida 32301 (Zip code) | | Tallahassee | , Flo | | 24 |

| Title or Capacity: Manager Member Authorized Person | Name and Address: Elane Stock Address: One Glenlake Parkway NE Suite 1400 Atlanta, GA 30328 | Title or Capacity: Manager Member Authorized Person | Name and Address: Name: Tricia Kinney Address: One Glenlake Parkway NE Suite 1400 Atlanta, GA 30328 |
|--|--|---|---|
| ✓]Other_ Presid | ent Other | ⊠Other_Secret | ary Other |
| ☐Manager ☐Member ☐Authorized Person ☐Chher_Treast | Name: Vipul Soni Address: One Glenlake Parkway NE Suite 1400 Atlanta, GA 30328 Urer Other | Manager Member Authorized Person Other | Name: RW Purchaser LLC Address: One Glenlake Parkway NE Suite 1400 Atlanta, GA 30328 Other |
| ☐Manager ☐Member ☑Authorized Person ☐Other | Name: Stephen D. Aronson Address: One Glenlake Parkway NE Suite 1400 Atlanta, GA 30328 | Manager Member Authorized Person Other | Name: |
| indexed individuals 9. Attached is a cert jurisdiction under th of the translator mu 10. This document | is executed in accordance with section 605.020 ment to the Department of State constitutes a the Signature of | lorida Department of State, duly authenticated by the ste is in a foreign language (1) (b), Florida Statutes. | Annual Report form. official having custody of records in the , a translation of the certificate under oath I am aware that any false information |

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SERVICEMASTER OPCO HOLDINGS 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 THIRD DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SERVICEMASTER OPCO HOLDINGS LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2020.

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

Authentication: 203357994

Date: 06-03-21