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| Certified Copies Certificates of Status | | | |
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| Constitution of the Office | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Brittany Titlow - EXT#

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 363525 7499733 AUTHORIZATION : 1 17 COST LIMIT : ORDER DATE: March 13, 2024 ORDER TIME : 3:19 PM ORDER NO. : 363525-020 CUSTOMER NO: 7499733 FOREIGN FILINGS NAME: ACCELERATE OPCO, LLC ___ CORPORATE _ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX____ PLAIN STAMPED COPY

EXAMINER:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Accelerate Op | pco, LLC | |
|---|--|--|
| | (Name of limited liability company) | |
| Delaware | | |
| | (Jurisdiction of its organization) | - |
| 08/09/2021 | | |
| | (Date registered with Florida Department of State | - |
| M210000105 | 541 | |
| | (Florida Document Number) | |
| This limited l | liability company is withdrawing its certificate of authority | y in this state. |
| (If an effective more than 90 Note: If the c | te, if other than the date of filing: ve date is listed, the date must be specific and cannot be produced days after filing.) date inserted in this block does not meet the applicable state not be listed as the document's effective date on the Departure of the | tutory filing requirements. |
| | (Signature of authorized representative) | |
| | Elizabeth Jasper | 2024 1ALI |
| | (Typed or printed name of signee) | FILED 2024 JUN 18 AM II: 28 SECRETARY OF STATE ALLAHASSEE, FLORIDA |

Filing Fee: **\$25.00** 363525-25