

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
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.**

Email Address: _____

**Foreign Limited Liability Company
Noramco, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 880.01, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NORAMCO, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

2. DELAWARE
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

3. 58-1471426
(LL number, if applicable)

4. 11/13/2019
(Date first transacted business in Florida; if prior to registration, (See section 880.01(2)(b) F.S. to determine penalty liability.)

5. 500 SWEDES LANDING ROAD
(Street Address of Principal Office)

6. 500 SWEDES LANDING ROAD
(Mailing Address)

WILMINGTON, DE 19801

WILMINGTON, DE 19801

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (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.

By:

Margaret E. Rautzahn
(Registered agent's signature)

Margaret E. Rautzahn, Special Ass't Secretary

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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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: JOSH LEIDERMAN	☐ Manager	Name: ALAN MAJEWSKI
☐ Member	Address: 500 SWEDES LANDING ROAD	☒ Member	Address: 500 SWEDES LANDING ROAD
☐ Authorized	WILMINGTON DE 19801	☐ Authorized	WILMINGTON DE 19801
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: L. LEE KARAS	☐ Manager	Name: ANTHONY AMBROSINI
☒ Member	Address: 500 SWEDES LANDING ROAD	☒ Member	Address: 500 SWEDES LANDING ROAD
☐ Authorized	WILMINGTON DE 19801	☐ Authorized	WILMINGTON DE 19801
Person		Person	
☐ Other	☐ Other	☐ Other	☐ Other
☐ Manager	Name: ABIGAIL CAVALIERE	☐ Manager	Name:
☒ Member	Address: 500 SWEDES LANDING ROAD	☐ Member	Address:
☐ Authorized	WILMINGTON DE 19801	☐ 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. Non-indexed 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 authorized person

ALAN MAJEWSKI

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 "NORAMCO, 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 FIFTEENTH DAY OF OCTOBER, A.D. 2021.

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



7725474 8300

SR# 20213526558

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", 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: 204425228

Date: 10-15-21