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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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S. ROBERTS

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COVER LETTER

TO: **Registration Section Division of Corporations**

Duramax Holdings 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:

| June Lowman | | | |
|--|---|--|--|
| | Name of Person | | |
| Otto Environmental Systems | | | |
| | Firm/Company | | |
| 12700 General Drive | | | |
| | Address | | |
| Charlotte, NC 28273 | | | |
| C | ity/State and Zip Code | | |
| june.lowman@otto-usa.com | | | |
| E-mail address: (to be | e used for future annual report notification) | | |
| For further information concerning this matter, please cal | 11: | | |
| June Lowman | 704 583-5250 at (| | |
| Name of Contact Person | Area Code Daytime Telephone Number | | |
| Mailing Address: | Street Address: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| P.O. Box 6327 | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | |

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 & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy

Tallahassee, FL 32303

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-TIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

| L Duramax Holdings LL | | | |
|---|--|----------------|--|
| (Name of Foreign | Limited Liability Company, must include "Limite | ed Liability | Company," "L L C.," or "LLC ") |
| (If name unavailable, enter alternate r | name adopted for the purpose of transacting business in F | lorida The | alternate name must include "Limited Liability Company," "L.L.C." or "L.C.". |
| OH 2. | | 3 | 87-3554844 |
| (Jurisdiction under the law of w | lich foreign limited liability company is organized) | | (FEI number, if applicable) |
| 1/15/2022 | | | |
| ··· | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ | registration | t) liability) |
| 12700 General Drive, Charlotte, NC 28273 5 | | | 12700 General Drive, Charlotte, NC 28273 |
| (Street Address of Principal Office) | | | (Mailing Address) |
| | | | |
| | | | |
| | ······································ | | |
| | | | |
| 7. Name and <u>street addres</u> | s of Florida registered agent: (P.O. Box | : <u>NOT</u> : | acceptable) |
| | Corporation Service Company | | |
| Name: | | | |
| Office Address: | 1201 Hays Street | | |
| | Tallahassee | | 32301 . Florida |
| | (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.

Corporation Service Company Weiterd, assisten + va president By: KWY (Registered agent's signature)

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: |
|--------------------|-----------------------|--------------------|---------------------|
| □Manager | Christa Rendino | □Manager | Brian Coll |
| □Member | Address: | □Member | 12700 General Dr. |
| Authorized | Charlotte, NC 28273 | ■Authorized | Charlotte, NC 28273 |
| Person | | Person | |
| □Other | []Other | DOther | Other |
| □Manager | Duramax Solutions LLC | □Manager | Name: |
| ■Member | Address: | □Member | Address: |
| □Authorized | Zanesville, OH 43701 | □Authorized | |
| Person | | Person | |
| Other | Other | Other | Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | · | Person | |
| 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.

Christa Rendino

Signature of an authorized person

Christa Rendino

Typed or printed name of signee

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DURAMAX HOLDINGS LLC, an Ohio For Profit Limited Liability Company, Registration Number 4772425, was organized within the State of Ohio on November 11, 2021, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of January, A.D. 2022,

1 Jone

Ohio Secretary of State

Validation Number: 202201203680