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(Reque	stor's Name)	
(Addres	ss)	
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(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Досип	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	g Officer:	0,540 6 ^{2,4} .75

Office Use Only



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COVER LETTER

RJFC"	- Sweep Midco, LLC T:	
1331.0	Nar	ne of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in
ase ret	urn all correspondence concerning this matter	to the following:
	Erin Boyts Quinn	
		Name of Person
	Sweep Midco, LLC	
		Firm/Company
	4141 Rockside Road, Ste 100	
	- 	Address
	Seven Hills, OH 44131	
		City/State and Zip Code
	compliance@sweepingcorp.com	
	E-mail address: (to b	oe used for future annual report notification)
or furthe	er information concerning this matter, please c	all:
ŀ	Katy Beyerle	216 777-2750 at ()
-	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations		Street Address:
		Registration Section
		Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
Ì	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

•	Limited Liability Company, must include "Limited	between the company, the control of		
f name unavailable, enter alternate	name adopted for the purpose of transacting business in Flor	ida. The alternate name musi include "Limited Lia	ibility Company,""L. L. C," or "LLC	; n
DE		85-3899822		
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)		
01/01/2021				
	(Date first transacted business in Florida, if prior to re (See sections 605,0904 & 605,0905, F.S. to determine	guiration.) : penalty liability)		
4141 Rockside Road		4141 Rockside Road		
treet Address of Principal Office)		6. (Mailing Address)		
Suite 100		Suite 100		
Seven Hills, OH 44131		Seven Hills, OH 44131		
. Name and street addres	ss of Florida registered agent: (P.O. Box.)	<u>NOT</u> acceptable)	₽ 2	
Name:	CT Corporation System		922 AUG ECRETA	
Office Address:	1200 South Pine Island Road		FILER ARY OR SSEE,	AND
	Plantation	33324 , Florida	. F.Com 18. 17. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	,
	(Cry)	(Zip code)		

/s/ Sandra Zwijack	Asst. Secretary
(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]:

Name and Address:	<u>Title or Capacity:</u>	Name and Address:
Name: Christopher M Valerian	■Manager	Name: Joseph Borden
41.11 Rockside Road	□Member	Address: 4141 Rockside Road
Suite 100	□Authorized	Suite 100
Seven Hills, OH 44131	Person	Seven Hills, OH 44131
□Other	□Other	Other
Name:	□Manager	Name:
Address: 4141 Rockside Road	□Member	Address: 4141 Rockside Road
Suite100	■Authorized	Suite 100
Seven Hills, OH 44131	Person	Seven Hills, OH 44131
□Other_	■Other VP. COO	□Other
Name:	□Manager	Name:
Address:	□Member	Address:
	□Authorized	
	Person	
Other	□Other	Other
	Name: Christopher M Valerian Address: 4141 Rockside Road Suite 100 Seven Hills, OH 44131 DOther Erin Boyts Quinn Name: 4141 Rockside Road Address: Suite100 Seven Hills, OH 44131 DOther Name: Address:	Name: Christopher M Valerian Address: 4141 Rockside Road Seven Hills, OH 44131 Person Other Dauthorized Person Manager Address: 4141 Rockside Road Member Dother Person Address: 4141 Rockside Road Member Suite100 Seven Hills, OH 44131 Person Other Other Manager Authorized Person Manager Address: Member Address: Member Address: Member Address: Member Address: Member Address: Member Address: Member

<u>Important Notice:</u> 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.

On Br		
0	Signature of an authorized person	
Joseph Borden		
	Expediat peinted name of conne	

Delaware

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "SWEEP MIDCO 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 SEVENTH DAY OF JUNE, A.D. 2022.

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

Authentication: 203617933

Date: 06-07-22

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