10/14/22, 9:01 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220003531353)))



H220003531353ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:						
	Division of Corporations					
	Fax Number : (850)617-6383					
From:						
	Account Name : C T CORPORATIO Account Number : FCA000000023					
	Phone : (954)208-0845					
	Fax Number ; (614)573-3996					
an	the email address for this busin nual report mailings. Enter only ail Address:	ess entity to be use one email address p	ed for fu lease.**	iture	2022	
an	nual report mailings. Enter only	one email address p ility Company	ed for fu lease.**	iture	F 11 2022 0C1 14	1111 ····
an	nual report mailings. Enter only ail Address: Foreign Limited Liab	one email address p ility Company	ed for fu lease.**		EILED 2022 OCT 14 PM	
an	nual report mailings. Enter only ail Address: Foreign Limited Liab Dav Wash,	one email address p ility Company	ed for fu lease.**		FILE	
an	nual report mailings. Enter only ail Address: Foreign Limited Liab Dav Wash, Certificate of Status	one email address p ility Company	ed for fu lease.**		CCT 14 PM	U U V

Electronic Filing Menu Corporate Filing Menu

Help

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

.

IN COMPLIANCE WITH SECTION (05:002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGN-LIMITED (LABILITY COMPANY TO TRANSFOT BUSINESS IN THE STATE OF FLORIDA.

, Dav Wash, LLC

.

.

name unavailable, enter alternate i	tame adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Liabil	ny Company." "L.L.C." or "	
Delaware		88-4173023		
Durisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number, 1	f'applicable)	
August 25, 2022				
<u></u>	(Date first transacted business in Horida, if prior to re (See sections 605/1604 & 605/1605, F/S) to determin	egistration) e penalty (rability.)		
3801 PGA Blvd. Suite 600		3801 PGA Blvd, Suite 600		
reet Address of Principal Office)		6(Mailing Address)		
Palm Beach Gardens, FL 33410		Palm Beach Gardens, FL 33410		
	·····			
Name and <u>street addres</u>	<u>is</u> of Florida registered agent: (P.O. Box	<u>NOT</u> acceptable)		
Name;	C T Corporation System		· · · · · · · · · · · · · · · · · · ·	
Office Address:	1200 South Pine Island Road		2:26	
	Plantation	33324 . Florida		
	(Cuy)	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. Thereby accept the appointment as registered agent and agree to act in this capacity. Thereby accept the appointment as registered agent and agree to act in this capacity. Thereby accept the appointment as registered agent and agree to act in this capacity. Thereby accept the appointment as registered agent and agree to act in this capacity. Thereby accept the appointment as registered agent and agree to act in this capacity. Thereby accept the proper and complete performance of my duties, and the familiar with and accept the obligations of my position as registered agent.

CT Corporation System Kathring Schnider By:

(Registered agent's signature)

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	William Haley	⊡Manager	Name: Peter Reilly
□ Member	Address: c/o New Mountain Capital, L.L.C.	⊡Member	Address: 3801 PGA Blvd, Suite 600
■Authorized	1633 Broadway, 48th Floor	⊡Authorized	Palm Beach Gardens, FL 33410
Person	New York, NY 10019	Person	
[]Other	Other	□Other	□Other
□ Manager	Nichole Sharpe	□Manager	Name:
[]]Member	Address: c/o New Mountain Capital, L.L.C.	□Member	Address:Address:
Z Authorized	1633 Broadway, 48th Floor	Authorized	Palm Beach Gardens, FL 33410
Person	New York, NY 10019	Person	
⊇0ther	Other	□Other	0ther
	Name:	⊡Manager	Name:
□ Member	Address:	□Member	Address:
T Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	□Other

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]:

Important Notice: Use an attachment to report more than six (b). 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.

William Haley

Signature of an authorized person

William Haley

Typed or printed name of signee



Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DAV WASH, 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 THIRTEENTH DAY OF OCTOBER, A.D. 2022.

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



ca, Secretary of State

Authentication: 204616534

. . . .