

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**M22000017287**

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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 : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****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
SPIRENCE LLC**

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

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**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
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:**

1. Spirence LLC

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

(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.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-1023112

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 10 Campus Boulevard

(Street Address of Principal Office)

6. _____

(Mailing Address)

Newtown Square, PA190737. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)Name: Capitol Corporate Services, Inc.Office Address: 515 East Park Avenue 2nd FlTallahassee, Florida 32301

(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.

Sadi Boyette
(Registered agent's signature)Sadi Boyette, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

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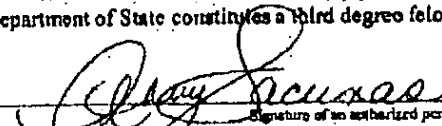
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage (up to six (6) total):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>Gary M. Holloway, Sr.</u>	<input type="checkbox"/> Manager	Name: <u>Michael Holloway</u>
<input type="checkbox"/> Member	Address: <u>10 Campus Blvd</u>	<input type="checkbox"/> Member	Address: <u>10 Campus Blvd</u>
<input checked="" type="checkbox"/> Authorized	<u>Newtown Square, PA</u>	<input checked="" type="checkbox"/> Authorized	<u>Newtown Square, PA</u>
Person	<u>19073</u>	Person	<u>19073</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Robert DiGiuseppe</u>	 <input type="checkbox"/> Manager	Name: <u>Tammy Malloy</u>
<input type="checkbox"/> Member	Address: <u>10 Campus Blvd</u>	<input type="checkbox"/> Member	Address: <u>10 Campus Blvd</u>
<input checked="" type="checkbox"/> Authorized	<u>Newtown Square, PA</u>	<input checked="" type="checkbox"/> Authorized	<u>Newtown Square, PA</u>
Person	<u>19073</u>	Person	<u>19073</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>Abby Sacunas</u>	 <input type="checkbox"/> Manager	Name: <u>Andrew Taitelman</u>
<input type="checkbox"/> Member	Address: <u>10 Campus Blvd</u>	<input type="checkbox"/> Member	Address: <u>10 Campus Blvd</u>
<input checked="" type="checkbox"/> Authorized	<u>Newtown Square, PA</u>	<input checked="" type="checkbox"/> Authorized	<u>Newtown Square, PA</u>
Person	<u>19073</u>	Person	<u>19073</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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 an authorized person

Abby Sacunas, VP, Secretary and General Counsel
 Typed or printed name of officer

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Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SPIRENCE 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 NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SPIRENCE LLC" WAS FORMED ON THE NINTH DAY OF NOVEMBER, A.D. 2022.

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



7126003 8300

SR# 20224016366

You may verify this certificate online at corp.delaware.gov/authver.shtml

A 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 in a small font.

Authentication: 204855300

Date: 11-15-22

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