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Division of Corporations
Electronic Filing Cover Sheet

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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
ACTIVEPURE ENTERPRISE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ActivePure Enterprise, LLC
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:

Saisha Chandrasekaran
Name of Person

ActivePure Enterprise, LLC
Firm/Company

14841 Dallas Parkway, Suite 500
Address

Dallas, Texas 75254
City/State and Zip Code

schandrasekaran@activepure.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Saisha Chandrasekaran at (214) 378-4050
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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

H22000406339

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

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized)
3. 86-3909202 (FBI number, if applicable)

4. Not Applicable
(Data first transacted business in Florida, if prior to registration. (See sections 605.0904 & 605.0905, F.S. to determine penalty liability))

5. 14841 Dallas Parkway, Suite 500 (Street Address of Principal Office)
Dallas, Texas 75254
6. 14841 Dallas Parkway, Suite 500 (Mailing Address)
Dallas, Texas 75254

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

Name: Capitol Corporate Services, Inc.
Office Address: 515 E. Park Avenue, 2nd FL
Tallahassee, Florida 32301
(City) (Zip code)

2022 DEC -2 PM 12:21
LLC

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.

Taylor Seay Taylor Seay, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.
(Registered agent's signature)

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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]:

Title or Capacity: Name and Address:

Manager Name: Joseph P. Urso

Member Address: 14841 Dallas Parkway

Authorized Suite 500

Dallas, Texas 75254

 Person

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Carl C. Christoff

Member Address: 14841 Dallas Parkway

Authorized Suite 500

Dallas, Texas 75254

 Person

Other _____ Other _____

Manager Name: Bret Holland

Member Address: 14841 Dallas Parkway

Authorized Suite 500

Dallas, Texas 75254

 Person

Other _____ Other _____

Manager Name: Kevin Hickey

Member Address: 14841 Dallas Parkway

Authorized Suite 500

Dallas, Texas 75254

 Person

Other _____ Other _____

Manager Name: Amy Carezza

Member Address: 14841 Dallas Parkway

Authorized Suite 500

Dallas, Texas 75254

 Person

Other _____ Other _____

Manager Name: Phillip Urso

Member Address: 14841 Dallas Parkway

Authorized Suite 500

Dallas, Texas 75254

 Person

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 an authorized person

Carl C. Christoff

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACTIVEPURE ENTERPRISE, 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 SECOND DAY OF DECEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACTIVEPURE ENTERPRISE, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2021.

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



JWS
Jeffrey W. Bullock, Secretary of State

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SR# 20224155323

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

Authentication: 204986407

Date: 12-02-22