# M23000006389

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 747584 4312240

AUTHORIZATION :

COST LIMIT : \$ 175.00

ORDER DATE: May 12, 2023

ORDER TIME : 9:05 AM

ORDER NO. : 747584-055

CUSTOMER NO: 4312240

\_\_\_\_\_\_

## FOREIGN FILINGS

NAME: NOVOTECH USA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SURI	Novotech USA LLC	
30 <b>D</b> 0		Name of Limited Liability Company
Please	e return all correspondence concerning this mat	Corporations  ech USA LLC  Name of Limited Liability Company cation by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate of a re submitted to register the above referenced foreign limited liability company to transact business in Florida.  espondence concerning this matter to the following:  eronica Holloway  Name of Person  anager, Novotech USA LLC  Firm/Company  evel 3, 235 Pyrmont Street  Address  ydney, NSW, Australia 2009  City/State and Zip Code  onica holloway@novotech-cro.com  E-mail address: (to be used for future annual report notification)  on concerning this matter, please call:  Libby  Name of Contact Person  at (203
	Veronica Holloway	
		Name of Person
	Manager, Novotech USA LLC	
	-	Firm/Company
	Level 3, 235 Pyrmont Street	
		Address
	Sydney, NSW, Australia 2009	
		City/State and Zip Code
	Veronica.holloway@novotech-cr	ro.com
	E-mail address: (	to be used for future annual report notification)
For fu	rther information concerning this matter, pleas	se call:
	Alison A. Libby	at (
	Name of Contact Person	Area Code Daytime Telephone Number
Mailing Address: Registration Section		
	Division of Corporations	· · · · · · · · · · · · · · · · · · ·
	P.O. Box 6327	
	Tallanassee, FL 32314	•
	☐ \$125.00 Filing Fee ☐ \$130.00 Filing	DEPARTMENT OF STATE

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

IN COMPLANCE WITH SECTION 605,0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	1.10.1	'1 TT 1	1 1 M 1 7 1 1 1 1 1	V. C
name unavailable, enter affernate i	name adopted for the purpose of transacting business in Fl	orida. The alte	male name must include "Limited Liabi	hty Company," "L.L.C," or "Ll
Delaware		3.	N/A	
Durisdiction under the law of w	luch foreign limited liability company is organized)	J	(FEI number,	if applicable)
N/A				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determi	registration.) ne penalty liab	oility)	_
16 Charlotte Street		1 <del>6</del>	6 Charlotte Street	
treet Address of Principal Office)		0	(Mailing Address)	<del></del>
Charleston, SC 2940	3	C	harleston, SC 29403	
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	NOT acc	eptable)	2023 HAY 16 SEURETAR TALLAHA
Name:	Corporation Service Company	·		- n
Office Address:	1201 Hays Street		<del></del>	PH 2: 19
	Tallahassee		32301 . Florida	<b></b>
	(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

By: Weilard - Jren Stu, AVP

(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	Name: Veronica Holloway	■Manager	Name:
□Member	Address: Level 3, 235 Pyrmont Street	□Member	Address: Level 3, 235 Pyrmont Street
□Authorized	Sydney, NSW, Australia 2009	□Authorized	Sydney, NSW, Australia 2009
Person		Person	
□Other	Other	□Other	Other
□Manager	Novotech Holdings USA LLC	□Manager	Name:
■Member	850 New Burton Road	□Member	Address:
□Authorized	Dover, DE 19904	□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.

Veronica Holloway	
	Signature of an authorized person
Veronica Holloway, Mana	ger
<del></del>	Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "NOVOTECH USA 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 TWELFTH DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NOVOTECH USA LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF MAY, A.D. 2014.

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

and core delaware contact

Authentication: 203335092

Date: 05-12-23