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Florida Department of State
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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
NUVERA, LLC**

Certificate of Status	0
Certified Copy	1
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S. ROBERTS

MAY 18 2023

**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. NUVERA 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. VIRGINIA

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

3. 27-2748528

(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, P.S. to determine penalty liability)5. 1100 VIRGINIA DRIVE, STE 200

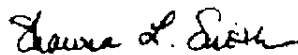
(Street Address of Principal Office)

6. 1100 VIRGINIA DRIVE, STE 200

(Mailing Address)

FORT WASHINGTON, PA 19034FORT WASHINGTON, PA 190347. 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.



(Registered agent's signature)

Shawna L. Smith, 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>GREG FLYNN</u>	<input type="checkbox"/> Manager	Name: <u>ALBERT PAVUCEK</u>
<input type="checkbox"/> Member	Address: <u>1100 VIRGINIA DR, STE 200</u>	<input type="checkbox"/> Member	Address: <u>1100 VIRGINIA DR, STE 200</u>
<input type="checkbox"/> Authorized	<u>FORT WASHINGTON, PA 19034</u>	<input type="checkbox"/> Authorized	<u>FORT WASHINGTON, PA 19034</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>PRESIDENT</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>CFO</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>ROB HENDERSON</u>	 <input type="checkbox"/> Manager	Name: <u>MELISSA MACARELLI</u>
<input type="checkbox"/> Member	Address: <u>800 TOWNSHIP LINE ROAD, STE 300</u>	<input type="checkbox"/> Member	Address: <u>1100 VIRGINIA DR, STE 200</u>
<input type="checkbox"/> Authorized	<u>YARDLEY, PA 19067</u>	<input type="checkbox"/> Authorized	<u>FORT WASHINGTON, PA 19034</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: <u>INIZIO US HOLDINGS INC</u>	 <input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>1100 VIRGINIA DRIVE, STE 200</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>FORT WASHINGTON, PA 19024</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<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.

Melissa Macarelli

Signature of an authorized person

MELISSA MACARELLI

Typed or printed name of signee

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Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Nuvera LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on May 26, 2010; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

That the limited liability company is current in the payment of all registration fees assessed against it by the Commission pursuant to the Virginia Limited Liability Company Act as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 16, 2023

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER : 2023051618761987

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