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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)260-3338
Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

ralph.roland@peaktech.com

Email Address: _____

RECEIVED
2024 MAR -5 PM 2:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Foreign Limited Liability Company
Peak Technologies, LLC

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

2024 MAR -5 PM 4:55

Electronic Filing Menu Corporate Filing Menu Help

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Peak Technologies LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC")

(If none is available, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. New Hampshire 3. 20-8588684
(Jurisdiction under the law of which foreign limited liability company is organized.) (FID number, if applicable)

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

5. 265 Foster St. 6. 901 Elkridge Landing, Rd.
(Street Address of Principal Office) (Mailing Address)
Littleton, MA, 01460 Suite 300
_____ _____
_____ Linthicum Heights, MD, 21090

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation 33324
_____ Florida _____
(City) (Zip code)

REC'D MAR - 5 PM 4:55

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.

By: Denise Bell Denise Bell, Asst Secretary
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]:

<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>AIHC Acquisition, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Scott Sussman</u>
<input checked="" type="checkbox"/> Member	Address: <u>4143 Maple Ave., #240</u>	<input type="checkbox"/> Member	Address: <u>4143 Maple Ave., #240</u>
<input type="checkbox"/> Authorized	<u>Dallas, TX. 75219</u>	<input checked="" type="checkbox"/> Authorized	<u>Dallas, TX. 75219</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Bruno Adornic</u>	<input type="checkbox"/> Manager	Name: <u>Dewey Turner</u>
<input type="checkbox"/> Member	Address: <u>4143 Maple Ave., #240</u>	<input type="checkbox"/> Member	Address: <u>4143 Maple Ave., #240</u>
<input checked="" type="checkbox"/> Authorized	<u>Dallas, TX. 75219</u>	<input checked="" type="checkbox"/> Authorized	<u>Dallas, TX. 75219</u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>Anthony Rivers</u>	<input type="checkbox"/> Manager	Name: <u></u>
<input type="checkbox"/> Member	Address: <u>4143 Maple Ave., #240</u>	<input type="checkbox"/> Member	Address: <u></u>
<input checked="" type="checkbox"/> Authorized	<u>Dallas, TX. 75219</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>

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.

Anthony Rivers
Signature of an authorized person

Anthony Rivers
Typed or printed name of signer

Typed or printed name of signer

Peak Technologies, Inc.

501 E. Main Street, Suite 200 | Littleton, Colorado 80120

Phone: 443-8123

Email: info@peaktech.com

www.peaktech.com



Date: August 19, 2022

Secretary of State
Registration Division

To whom it may concern:

I, Michele Adams, Chief Financial Officer of Peak Technologies, Inc., consent to and authorize the use of the company name Peak Technologies, LLC for secretary of state as well as state sales tax registrations.

Regards,

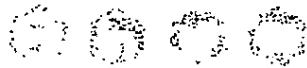
Michele Adams
Michele Adams, Chief Financial Officer

Michele Adams
Chief Financial Officer

PEAK
TECHNOLOGIES

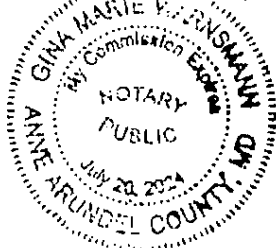
P: (410) 312-6019 | F: (866) 597-5987

E: michele.adams@peaktech.com | W: www.peaktech.com



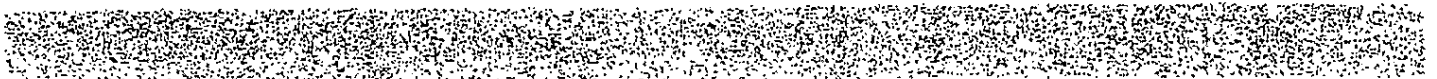
STATE OF MARYLAND
COUNTY OF Anne Arundel, to wit:

Sworn to and subscribed before me by Michele Adams on this 19th day of August, 2022.



Gina Marie Warnsmann

Gina Marie Warnsmann, Notary
My Commission expires: July 20, 2024



State of New Hampshire

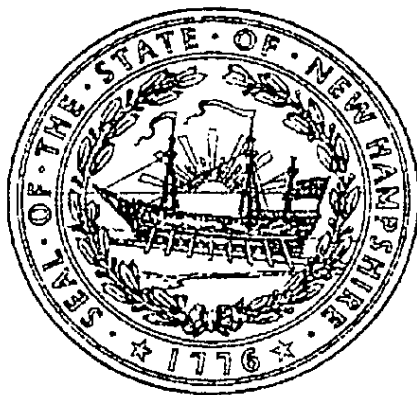
Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that PEAK TECHNOLOGIES, LLC is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on January 24, 2007. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 571061

Certificate Number: 0006596057



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 5th day of March A.D. 2024.

A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan
Secretary of State