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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

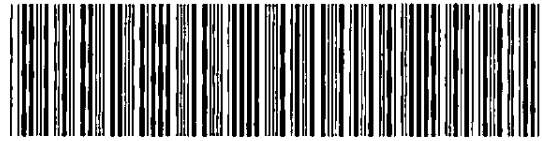
(Business Entity Name)

(Document Number)

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SEP 30 2024

2024 SEP 30 12:29

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CoreVerity, 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:

Marc Reynolds

Name of Person

CoreVerity, LLC

Firm/Company

1 Parrott Drive, Ste 400

Address

Shelton, CT 06484

City/State and Zip Code

mare.reynolds@coreverity.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Reynolds

916

872 7880

at ()

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

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CoreVerity, 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 99-4479382
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1 Parrott Drive 6. 1 Parrot Drive
(Street Address of Principal Office) (Mailing Address)
Ste 400 Ste 400
Shelton, CT 06484 Shelton, CT 06484

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

Name: InCorp Services Inc.
Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(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.



Amber Ragland on behalf of InCorp Services, Inc.

(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:**

☐ Manager Name: Ivan Nussberg

☒ Member Address: 1 Parrott Drive, Ste 400

☐ Authorized Shelton, CT 06484

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Clancy Purcell

☒ Member Address: 1 Parrott Drive, Ste 400

☐ Authorized Shelton, CT 06484

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

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.

Marc Reynolds
Signature of an authorized person

Marc Reynolds, Authorized Representative

Typed or printed name of signer

**State of Delaware**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

8947564
MARC REYNOLDS
1 PARROTT DRIVE
STE 400
SHELTON, CT 06484

09-09-2024

ATTN: MARC REYNOLDS

DESCRIPTION	AMOUNT
4677924 - COREVERITY, LLC 8100H Certified Copy History - 1 Copies	
Certification Fee	\$50.00
Document Page Fee	\$2.00
4677924 - COREVERITY, LLC Entity Status - Short Form	
Certification Fee	\$50.00
TOTAL CHARGES	\$102.00
TOTAL PAYMENTS	\$102.00
BALANCE	\$0.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COREVERITY, 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 NINTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COREVERITY, LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2024.



4677924 8300

SR# 20243532825

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204335818

Date: 09-09-24

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "COREVERITY, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE THIRTEENTH DAY OF AUGUST, A.D. 2024, AT 3:32 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "COREVERITY, LLC".



Jeffrey W. Bullock, Secretary of State

4677924 8100H
SR# 20243532825

Authentication: 204335823
Date: 09-09-24

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


State of Delaware
Secretary of State
Division of Corporations
Delivered 03:32 PM 08/13/2024
FILED 03:32 PM 08/13/2024
SR 20243403143 - File Number 4677924

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is CoreVerity, LLC

2. The Registered Office of the limited liability company in the State of Delaware is located at 131 Continental Drive, Suite 301 (street), in the City of Newark, Zip Code 19713-4323. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is InCorp Services, Inc.

By:  /s/ Clancy Purcell
Authorized Person

Name: Clancy Purcell
Print or Type

The Corporate Transparency Act (CTA) went into effect on January 1, 2024, which requires certain entities in the United States to report information about their beneficial owners to the Financial Crimes Enforcement Network (FinCEN). Please use the following websites to obtain further information on the Act:

The Corporate Transparency Act (CTA)

- [The Corporate Transparency Act \(CTA\) | IACA](https://www.iaca.org/about-iaca/corporate-transparency-act/)
<https://www.iaca.org/about-iaca/corporate-transparency-act/>

Beneficial Ownership Information Reporting

- [Beneficial Ownership Information Reporting | FinCEN.gov](https://www.fincen.gov/boi)
<https://www.fincen.gov/boi>
- [BOISmallComplianceGuide\(fincen.gov\)](https://www.fincen.gov/sites/default/files/shared/BOI_Small_Compliance_Guide_FINAL_Sept_508C.pdf)
https://www.fincen.gov/sites/default/files/shared/BOI_Small_Compliance_Guide_FINAL_Sept_508C.pdf
- [Beneficial Ownership Information Reporting | FinCEN.gov](https://www.fincen.gov/boi-faqs)
<https://www.fincen.gov/boi-faqs>
- [BOI Reporting Filing Dates\(fincen.gov\)](https://www.fincen.gov/sites/default/files/shared/BOI_Reporting_Filing_Dates-Published03.24.23_508C.pdf)
https://www.fincen.gov/sites/default/files/shared/BOI_Reporting_Filing_Dates-Published03.24.23_508C.pdf

U.S. Department of Treasury

- [An Introduction to Beneficial Ownership Information Reporting Requirements – YouTube](https://www.youtube.com/watch?v=nx48tPUbRK0)
<https://www.youtube.com/watch?v=nx48tPUbRK0>
- [Learn More about Beneficial Ownership Information Reporting Requirements – YouTube](https://www.youtube.com/watch?v=qP5V9k3ypl0)
<https://www.youtube.com/watch?v=qP5V9k3ypl0>

American Bar Association

- [The Corporate Transparency Act: Deniers Beware \(americanbar.org\)](https://www.americanbar.org/groups/business_law/resources/business-law-today/2023-july/the-corporate-transparency-act-deniers-beware/)
https://www.americanbar.org/groups/business_law/resources/business-law-today/2023-july/the-corporate-transparency-act-deniers-beware/

2



**Delaware
Division of
Corporations**

Division of Corporations Survey

401 Federal Street, Suite 4
Dover, DE 19901

Fax: 302-739-7219

On a scale of 1 (unacceptable) to 10 (outstanding), please rate the following questions.

1. How would you rate the overall quality of service provided by the Division of Corporations?
1 2 3 4 5 6 7 8 9 10 NA
2. How would you rate the convenience of our services?
1 2 3 4 5 6 7 8 9 10 NA
3. How would you rate the promptness of service provided?
1 2 3 4 5 6 7 8 9 10 NA
4. How would you rate the accessibility of the Division of Corporations staff?
1 2 3 4 5 6 7 8 9 10 NA
5. How would you rate the training you received from the Division of Corporations staff?
1 2 3 4 5 6 7 8 9 10 NA
6. How would you rate the written materials received from the Division of Corporations?
(Were they easy to read and helpful? i.e., guidelines, forms, DCIS Manual.)
1 2 3 4 5 6 7 8 9 10 NA
7. Were Division of Corporations staff attentive and helpful relative to your comments and concerns?
1 2 3 4 5 6 7 8 9 10 NA
8. Did Division of Corporations staff display professionalism & courtesy?
1 2 3 4 5 6 7 8 9 10 NA
9. Are Division of Corporations staff knowledgeable?
1 2 3 4 5 6 7 8 9 10 NA

Please let us know about experiences and incidents with the Division of Corporations (i.e., staff, equipment, connectivity, customer service) that impressed or disappointed you.

Comments: _____

Company name and contact information: _____

If you would prefer, you may take this survey online at

<https://surveymonkey.com/r/corporationssurvey>