

M21000005270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK UP WAIT MAIL

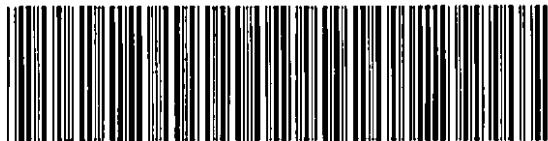
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED AND FILED
2021 MAY -3 PM 1:34

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 04 2021
Brumbley

**CORPORATE
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WALK IN

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- CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- CUS** _____
- XX** **FILING** LLC _____

1. **CURVATURE TECHNOLOGIES, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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. Curvature Technologies, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.I.C.")

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 "L.I.C."

2. MA (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 5910 Landerbrook Drive (Street Address of Principal Office)
6. 5910 Landerbrook Drive (Mailing Address)
Cleveland, OH 44124 USA

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

Name: Registered Agent Solutions, Inc.
Office Address: 155 Office Plaza Dr. Suite A
Tallahassee, Florida 32301
(City) (Zip code)

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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.

Bradna Winyel

(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: Adams, Christopher

Member Address: 5910 Landerbrook Drive

Authorized Cleveland, OH 44124

Person _____

Other _____ Other _____

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

Manager Name: Dellinger, Betsy

Member Address: 5910 Landerbrook Drive

Authorized Cleveland, OH 44124

Person _____

Other _____ Other _____

Manager Name: Gehrlein, Andrew

Member Address: 5910 Landerbrook Drive

Authorized Cleveland, OH 44124

Person _____

Other _____ Other _____

Manager Name: May, Stella

Member Address: 5910 Landerbrook Drive

Authorized Cleveland, OH 44124

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.



 Signature of an authorized person

Betsy Dellinger

 Typed or printed name of signer



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

April 22, 2021

TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

CURVATURE TECHNOLOGIES LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on October 19, 2020.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation; that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156C, § 70 for said Limited Liability Company's dissolution; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: **JOEL SCHWARZ, TIAGO ANDRE, CHRISTIAN UNGER, DONNA TROY, RANDY HENDRICKS, BRETT PEARLMAN, PATRICK BARTELS, JONATHAN FOSTER**

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: **JOEL SCHWARZ, TIAGO ANDRE, CHRISTIAN UNGER, DONNA TROY, RANDY HENDRICKS, BRETT PEARLMAN, PATRICK BARTELS, JONATHAN FOSTER, STEVE FAVORY, PATRICK BARRY**

The names of all persons authorized to act with respect to real property listed in the most recent filing are: **NONE**



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth