

F20000001038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

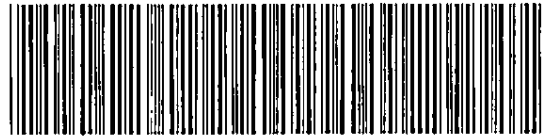
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SRF  
2/26/20

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 191437 8137493  
AUTHORIZATION :   
COST LIMIT : \$70.00

ORDER DATE : February 25, 2020  
ORDER TIME : 11:46 AM  
ORDER NO. : 191437-015  
CUSTOMER NO: 8137493

FOREIGN FILINGS

NAME: ALERA GROUP, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: \_\_\_\_\_

2020 FEB 25 PM 1:13

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Alera Group, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Maribeth Groenewold - Corporate Paralegal

Name of Person

Alera Group, Inc.

Firm/Company

Three Parkway North, Suite 500

Address

Deerfield, IL 60015

City/State and Zip code

carolyn.cox@aleragroup.com

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

For further information concerning this matter, please call:

Carolyn L. Cox

at ( 847 ) 582-4501

Name of Person

Area Code

Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Alera Group, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 81-4473358  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/01/2016 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)
6. Upon Filing  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. Three Parkway North, Suite 500, Deerfield, IL 60015  
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

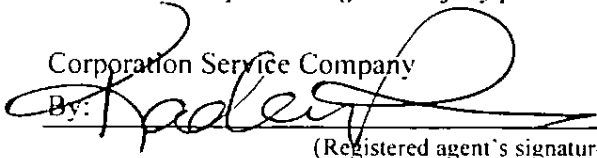
Tallahassee, Florida 32301  
(City) (Zip code)

2020 FEB 25 PM 1:18

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation 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:  \_\_\_\_\_  
(Registered agent's signature)

Kadesha Roberson  
Asst. Vice President

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: Alan J. Levitz  
☐ Vice Chairman Address: Alera Group  
☒ Director Three Parkway North  
☐ President Suite 500  
☐ Vice President Deerfield, IL 60015  
☐ Secretary ☐ Treasurer  
☒ Other CEO ☐ Other \_\_\_\_\_

☐ Chairman Name: Peter Marathas  
☐ Vice Chairman Address: Alera Group  
☐ Director Three Parkway North  
☐ President Suite 500  
☒ Vice President Deerfield, IL 60015  
☒ Secretary ☐ Treasurer  
☒ Other CLO ☐ Other \_\_\_\_\_

☐ Chairman Name: Carolyn L. Cox  
☐ Vice Chairman Address: Alera Group  
☐ Director Three Parkway North  
☐ President Suite 500  
☐ Vice President Deerfield, IL 60015  
☐ Secretary ☐ Treasurer  
☒ Other Assistant Secretary ☐ Other \_\_\_\_\_

☐ Chairman Name: William Corrigan  
☐ Vice Chairman Address: Alera Group  
☐ Director Three Parkway North  
☐ President Suite 500  
☒ Vice President Deerfield, IL 60015  
☐ Secretary ☐ Treasurer  
☒ Other CFO ☐ Other \_\_\_\_\_

☐ Chairman Name: James Blue  
☐ Vice Chairman Address: Alera Group  
☐ Director Three Parkway North  
☒ President Suite 500  
☐ Vice President Deerfield, IL 60015  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name: Rob Lieblein  
☐ Vice Chairman Address: Alera Group  
☐ Director Three Parkway North  
☐ President Suite 500  
☒ Vice President Deerfield, IL 60015  
☐ Secretary ☒ Treasurer  
☐ 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.

12. Carolyn L. Cox  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Carolyn L. Cox - Assistant Secretary of Alera Group, Inc. and its Sole Shareholder, Alera Group Intermediate Holdings, Inc.  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALERA GROUP, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ALERA GROUP, INC." WAS INCORPORATED ON THE FIRST DAY OF NOVEMBER, A.D. 2016.

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

2020 FEB 25 PM 1:18



  
Jeffrey W. Bullock, Secretary of State

6199874 8300

SR# 20201463660

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 202453281

Date: 02-25-20