Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		·	
	Division of Co		公文 2
	Fax Number	: (850) 617-6383	
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	Account Name	: C T CORPORATION SYSTEM	الشائم والمساهدة
	Account Number		بعدية
		: (850) 205-8842	
	Fax Number	: (850)878-5368	

Foreign Limited Liability Company HORIZONS HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
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SECRETARY OF STATE

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Help

NOV 13 2015

S. YOUNG

		C	OVER LETTER			
	tration Section ion of Corporat	ions				
SUBJECT: _	ORIZONS HOL	DINGS, LLC				
_		Name o	f Limited Liability	Company		
The enclosed ". Existence, and	Application by F check are submit	oreign Limited Liability Con ted to register the above refe	npany for Authoriz nenced foreign lim	zation to Tr nited habilit	ansact Business in Flori ty company to transact b	ida," Certificate of rusiness in Florida
Please return al	l correspondence	concerning this matter to th	e following:			
	GINA REINE	ARD C/O TAX DEPARTM	1ENT			
	***************************************	1	Name of Person		····	.
	springs wi				SECT.	
		F	im/Company		7	至 里
	7549 GRABER ROAD					
	-		Address	-		正名主に
	MIDDLETON, WI 53562					4
		City/S	icate and Zip Code)		- DE
	TAX-INS@SPR	INGSWINDOWFASHION	S.COM			
•		E-mail address: (to be use	d for luture annual	report not	fication)	
For further inform	mation concernin	g this matter, please call:				
GINA REINHARD		608 t (B36-101			
	Name	f Contact Person	Area Code	Day	ime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed is a che El \$125.	ck for the follow .00 Filing Fee	ing amount: \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Capy	g Fee &	S160.00 Filing Fee, of Status & Certified C	

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 COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.	FOREIGN LIMITED LIABILITY
, HORIZON'S HOLDINGS, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "1.1.C.," or	"LLC")
HORIZONS HOLDINGS SIWF, LLC	الشياب و و و و و و و و و و و و و و و و و و و
(If usine unavailable, eater alternate name adopted for the purpose of transacting business in Florida. The alternate name Liability Company," "L.L.C," or "LLC,")	ne must include "Lineted
2. DELAWARE 3. 80-0963738	
(Jurisdiction under the law of which foreign limited liability (FE) number, if applicable) company is organized)	
4. 10/01/2015	•
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 1705 S WAUKEGAN ROAD	-
WAUKEGAN, IL 60085	
(Street Address of Principal Office)	· Prof
6. 1705 \$ WAUKEGAN ROAD	. 協言 T
WAUKEGAN, IL 60085	
(Mailing Address)	、認識で河
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	Har B O
ALDAY COUNTER LAST	70 0
Name: NRTL DERVICE IN A IN AN	23 5
Office Address: 1200 SOUTH PINE ISLAND ED.	
PLANTATION Florida 58324	,
(City) (Zip code) Registered agent's acceptance;	•
Having been named as registered agent and to accept service of process for the above stated limited liabil	ity company at the place
designated in this application, I hereby accept the appointment at registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties,	capacity. I further egree and I am familiar with and
to complywith the provisions of all statutes relative to the proper and complete performance of my values, accept the abligations of my position appeals leted agent.	ши з жи ј ши ки голи и
/ No la Chusa	
(Registered agent's signature) Lielle Chunk, ASS	Secretary
8. The name, title or capacity and sudgess of the person(s) who has/have authority to manage is/are:	0
SCOTT FAWCETT, CFO, MANAGER 7549 GRABER ROAD MIDDLETON, WI 53562	
JOHN COMERFORD, MANAGER 7549 GRABER ROAD MIDDLETON, WI 53562	
P. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having o	stady of records in the
y. Attained is a certificate of extinence, no mare than 90 days old, only numericated by the black in the satisfication of surjection under the law of which it is organized. (If the certificate is in a foreign language, a translation of softhe translator must be submitted)	he certificate under oath
Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any bubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1	alse information 55, F.S.
Till Compafact	
Typed or printed name of signee	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HORIZONS HOLDINGS, 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 TWELFTH DAY OF NOVEMBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORIZONS HOLDINGS, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2013.

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

Jami's W. Bulleck, Sepretary of State

5439955 8300 58# 3045089350

SR# 20150883582

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

Authentication: 10406709

Date: 11-12-15