

# M18000006545

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

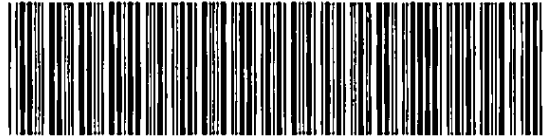
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2018

KENDRA SMITH  
851 COMMERCE CT  
BUFFALO GROVE, IL 60089

SUBJECT: ARLINGTON COMPUTER PRODUCTS LLC  
Ref. Number: W18000063010

We have received your document for ARLINGTON COMPUTER PRODUCTS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is F16000000674.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brittany M Figueroa  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 818A00014205

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Arlington Computer Products 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:

Hendra Smith  
Name of Person

Arlington Computer Products  
Firm/Company

851 Commerce Ct  
Address

Buffalo Grove IL 60089  
City/State and Zip Code

hsmith@arlingtoncp.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hendra Smith at ( 847 ) 541 6333  
Name of Contact Person Area Code Daytime 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 check for the following amount:

☒ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Arlington Computer Products LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 36-3423921  
(FEI number, if applicable)

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

5. 851 Commerce Ct  
(Street Address of Principal Office)

6. \_\_\_\_\_  
(Mailing Address)

Buffalo Grove IL 60089

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

Name: NRAI Services Inc

Office Address: 1200 S. Pine Island Rd

Plantation, Florida 33324  
(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.

Cristie Myers  
(Registered agent's signature) Cristie Myers, Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

| Title or Capacity:    | Name and Address:                                                               | Title or Capacity: | Name and Address:                                                               |
|-----------------------|---------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------|
| <u>Vice President</u> | <u>Mark Buchek</u><br><u>851 Commerce Ct</u><br><u>Buffalo Grove IL 60089</u>   | <u>President</u>   | <u>Scott Dunsire</u><br><u>851 Commerce Ct</u><br><u>Buffalo Grove IL 60089</u> |
| <u>CEO</u>            | <u>Adly Guenther</u><br><u>851 Commerce Ct</u><br><u>Buffalo Grove IL 60089</u> |                    |                                                                                 |

(Use attachments if necessary)

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.

Mark Buchek  
(Signature of an authorized person)

Mark Buchek  
(Typed or printed name of signer)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARLINGTON COMPUTER PRODUCTS 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 FOURTEENTH DAY OF JUNE, A.D. 2018.



  
Jeffrey W. Bullock, Secretary of State

6481240 8300

SR# 20185138352

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

Authentication: 202881876

Date: 06-14-18