(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filling Officer:

Office Use Only



500316809085

FILED
18 AUG -8 AH 8: 04
SECRETARY OF STATE
TALLAHASSEE FLORDS

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Da	te: 8/8/2018
	Acc#I20160000072
Name:	Griffin Family Services LLC
Document #:	
Order #:	11104731
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:	
Apostille/Notarial Certification:	Country of Destination: Number of Certs:
Filing:	Certified: Plain: COGS:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 155.00

COVER LETTER

	Registration Section Division of Corporations							
SHRIF	Griffin Family Services LLC							
OUDGEC		imited Liability C	ompany					
The enck Existence	losed "Application by Foreign Limited Liability Compee, and check are submitted to register the above refere	any for Authorizat	ion to Transact Business in Florida," Certificate of ed liability company to transact business in Florida.					
Please re	eturn all correspondence concerning this matter to the	following:						
	Kaleen Lanigan							
	Name of Person							
	Citadel Enterprise Americas LLC							
	Firm/Company							
	131 South Dearborn Street	131 South Dearborn Street						
Address								
	Chicago, IL 60603	Chicago, 1L 60603						
	City/St	tate and Zip Code						
	CitadelAgreementNotice@citadel.com							
	E-mail address: (to be used for future annual report notification)							
For furth	her information concerning this matter, please call:							
Kaleen Lanigan		312 at (395-3239					
	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					
	d is a check for the following amount: \$\Bigsim \text{\$\subset}\$ \$125.00 Filing Fee & \text{\$\subset\$ Certificate of Status}\$	\$155.00 Filin Certified Copy	g Fee & S160.00 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Griffin Family Services (Name of Foreign)	LLC Limited Liability Company, must include "Li	mited Liabili	ty Company," "L.L.C.," or "LLC")		
_					
	une adopted for the purpose of transacting business t	n Florida. The s		ality Company," "U.L.C." or "U.C.")	
2. Delaware		3	3. 30-0335555		
(Jurisdiction under the law of wh	uch foreign limited liability company is organized)		(F).I munb	er, if applicable)	
4. Upon qualification					
4.	(Date first transacted business in Florida, if pro- tSee sections 605 0904 & 605 0905, F.S. to de				
121 0 - 4 15 - 4 0		, ,	•	₩ 6	
5. 131 South Dearborn St			131 South Dearborn Street	0	
Chicago, IL 60603			Chicago, 11, 60603	一言。	
				9.3	
				<u> </u>	
7. Name and street addres	s of Florida registered agent: (P.O.)	Box <u>NOT</u>	acceptable)		
N1	C T Corporation System			ORIGINAL PROPERTY OF THE PROPE	
Name:				2. α C	
Office Address:	1200 South Pine Island Road				
	District				
	Plantation		Florida 33324 (Zip code		
Registered agent's accep	(City)		(viti cook	••	
designated in this applicate comply with the provisionand accept the obligations	gistered agent and to accept service tion, I hereby accept the appointme ons of all statutes relative to the pro s of my position as registered agent. By:	nt as regis oper and co	tered agent and agree to act	in this capacity. I further agree	
	<u></u>	ent's signature)	· · · · · · · · · · · · · · · · · · ·		
8. The name, title or capa Title or Capacity:	acity and address of the person(s) wh Name and Address:	o has/have		Name and Address:	
Gerald A. Beeson	131 South Dearborn Stree	,			
Secretary & Treasurer		'			
Secretary & Treasurer	Cinculation to doods				
Catherine Stickrod	131 South Dearborn Stree	1			
Authorized Person	Chicago, 1L 60603				
(Use attachments if nece	essary)				
9. Attached is a certificate	of existence, no more than 90 days of which it is organized. (If the certification)	old, duly as ficate is in	uthenticated by the official ha a foreign language, a translat	ving custody of records in the ion of the certificate under oath	
10. This document is exec submitted in a document to	uted in accordance with section 605.05 the Department of State constitutes Tweethorses	0203 (1) (b a third deg), Florida Statutes. I am awar ree felony as provided for in	e that any false information s.817.155, F.S.	
	~				
	Sup	nature of an aut	horized person		
	Corold & Busse-				
	Gerald A. Beeson				
	Lvi	ped or printed r	aute or signer		

Page 1



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

DELAWARE, DO HEREBY CERTIFY "GRIFFIN FAMILY SERVICES 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 SEVENTH DAY OF AUGUST, A.D. 2018.

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

Authentication: 203206919

Date: 08-07-18