

M19000008693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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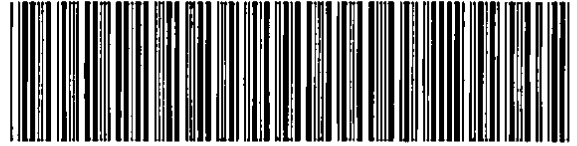
(Business Entity Name)

(Document Number)

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SEP 10 2019



August 13th, 2019

Florida Department of State
Division of Corporations
Registration Sections-Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida & Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida

To Whom it May Concern,

Please find enclosed an Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida on behalf of Column Technologies, Inc along with a check for \$35.00 made payable to the Florida Department of State.

Please also find enclosed an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida on behalf of Column Technologies, LLC. The company has converted to an LLC and changed the Jurisdiction state to Delaware. Included please find a Certificate of Good Standing for the State of Delaware dated July 19th, 2019, and a Check in the amount of \$125.00 made payable to the Florida Department of State.

Should you have any questions, please do not hesitate to contact me.

Thank you,

A handwritten signature in black ink, appearing to read "Emily R. Naggatz", with a long horizontal flourish extending to the right.

Emily R. Naggatz

Column Technologies, LLC.
10 E. 22nd Street, Suite 300
Lombard, IL 60148
630-515-6660

Encls.

10 E. 22nd Street • Suite 300 • Lombard, IL 60148
PH: 630-515-6660 • FX: 630-271-1508 • www.columnit.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Column Technologies, 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:

Carol A. Watkiss

Name of Person

Column Technologies, LLC

Firm/Company

10 E. 22nd Street, Suite 300

Address

Lombard, Illinois 60148

City/State and Zip Code

Contracts@columnit.com

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

For further information concerning this matter, please call:

Carol A. Watkiss

630

515-6660

at (_____) _____

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:

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



\$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

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:

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

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

3. _____ (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. _____
(Street Address of Principal Office)

6. _____
(Mailing Address)

Lombard, IL 60148

{City}

(Zip code)

By: Michael Scraphim Michael Scraphim Asst. Secretary

(Registered agent's signature)

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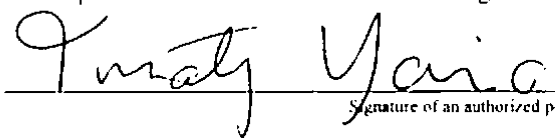
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: P. Gavin Long	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 10 E. 22nd Street, Suite 300	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Lombard, IL 60148	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other President	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Robert Yario	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 10 E. 22nd Street, Suite 300	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Lombard, IL 60148	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other Secretary	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Timothy Yario	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 10 E. 22nd Street, Suite 300	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	Lombard, IL 60148	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other Treasurer	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Timothy Yario

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 "COLUMN TECHNOLOGIES, 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 NINETEENTH DAY OF JULY, A.D. 2019.

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


19 AUG 26 PM 7:57
F. J. BULLOCK
SECRETARY OF STATE
DELAWARE



7424595 8300

SR# 20196058083

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203248545

Date: 07-19-19