

M3200000: 2280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

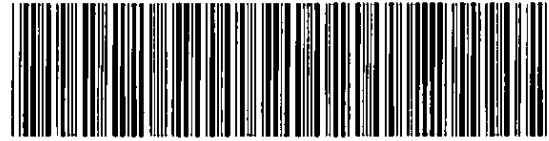
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLAHASSEE, FLORIDA

S. FRANKLIN

FEB 14 2022

CT CORP

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

Date: 02/11/2022

Acc#I20160000072

an: c DW

Name:	IDENTCO International Company, LLC
Document #:	
Order #:	14154694

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

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	COGS: <input type="checkbox"/>

Availability _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 125.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IDENTCO International Company, 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:

Crystal Airriess
Name of Person
Godfrey & Kahn, S.C.
Firm/Company
833 East Michigan Street, Suite 1800
Address
Milwaukee, Wisconsin 53202
City/State and Zip Code
cairriess@gklaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Airriess at (414) 273-3500
Name of Contact Person Area Code Daytime Telephone Number

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

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

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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

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

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC"

2. Illinois
Jurisdiction under the law of which foreign limited liability company is organized
3. (FEI number, if applicable)

4. 9/22/2021
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 28164 W. Concrete Dr.
(Street Address of Principal Office)
Ingleside, IL 60041
6. 28164 W. Concrete Dr.
(Mailing Address)
Ingleside, IL 60041

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
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.

Kathryn A. Whelton
(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]:

Title or Capacity: Name and Address:
 Manager Name: Kevin P. Kenealey
 Member Address: 28164 W. Concrete Dr.
 Authorized Ingleside, IL 60041
 Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: R. Christopher Pummill
 Member Address: 28164 W. Concrete Dr.
 Authorized Ingleside, IL 60041
 Person _____
 Other _____ Other _____

Manager Name: Scott Hoffman
 Member Address: 28164 W. Concrete Dr.
 Authorized Ingleside, IL 60041
 Person _____
 Other _____ Other _____

Manager Name: James Lundquist
 Member Address: 28164 W. Concrete Dr.
 Authorized Ingleside, IL 60041
 Person _____
 Other _____ Other _____

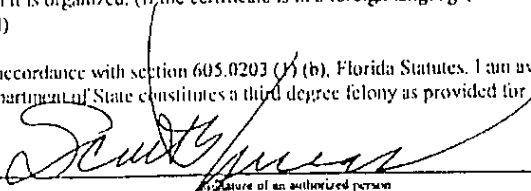
Manager Name: Scott H. Lucas
 Member Address: 28164 W. Concrete Dr.
 Authorized Ingleside, IL 60041
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 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.

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

Scott H. Lucas, President and Manager

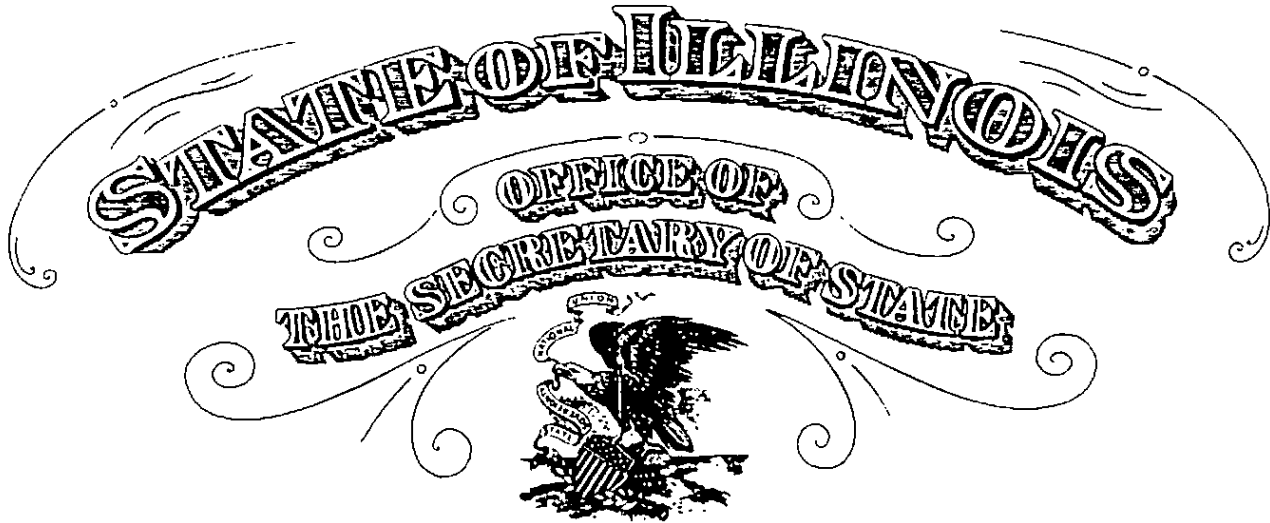
Typed or printed name of signer

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FEB 11 2022

File Number

1063814-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

IDENTCO INTERNATIONAL COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 22, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY OF THE STATE OF ILLINOIS.

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11 11 2022

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of FEBRUARY A.D. 2022 .



Authentication #: 2204101630 verifiable until 02/10/2023
Authenticate at: <http://www.ilsos.gov>

Jesse White

SECRETARY OF STATE