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SECRETARY OF STATE
ALLIANASSEE FIRM



July 13, 2015

THOMAS OSTERBERGER 111 N OTTAWA ST JOLIET, IL 60432

SUBJECT: SECOND STATE STRATEGIC HOLDINGS, LLC

Ref. Number: W15000046786

We have received your document for SECOND STATE STRATEGIC HOLDINGS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 915A00014552

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	SECOND STATE STRATEGIC HOLDINGS, LLC
30 00	Name of Limited Liability Company
	aclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of nce, 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:
	THOMAS R. OSTERBERGER
	Name of Person
	KAVANAGH, GRUMLEY & GORBOLD, LLC
	Firm/Company
	III N. OTTAWA ST.
	Address
	JOLIET, IL 60432
	City/State and Zip Code
	cschultz@kggllc.com
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	CINDY SCHULTZ 815 727-4511 at ()
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	sed is a check for the following amount: \$\Begin{align*} \text{\$\sum_{\text{\$125.00}}\$ Filing Fee } \Begin{align*} \Begin{align*} \text{\$\sum_{\text{\$130.00}}\$ Filing Fee & Certificate } \text{\$\sum_{\text{\$Certified Copy}}\$ \text{\$\sum_{\text{\$\sum_{\text{\$chick}}}} \text{\$\sum_{\text{\$\sum_{\text{\$chick}}}}} \text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\text{\$chick}}}}} \text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\text{\$\sum_{\text{\$chick}}}}} \$\sum_{\text{\$\sum_{\sum_{\text{\$\sum_{\text{\$\sum_{\sum_{\sum_{\sum_{\sum_{\sum_{\su

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:

	eign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," c	r "LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	Iternate name adopted for the purpose of tran	sacting business in Florida. The alternate na	me must include "Limited
2. Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicabl	e)
4			_
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F	orida, if prior to registration.) S. to determine penalty liability)	
5. 5100 Main Street, 2nd	d Floor, Downers Grove, IL 60515		
	· ·	· ·	
_	(Street Address of Principal	·	_
6			
	(Mailing Address)	1	_
7. Name and street addres	ss of Florida registered agent: (P.O. Box		
Name:	NRAI Services, Inc.		
Office Address:	1200 South Pine Island Ro	ad	
Office / Educoss.	Plantation	, Florida 33324 (Zip code)	
	(City)	, Piorida	
Registered agent's accep		(Zip code)	
this application, I hereby	tance: egistered agent and to accept service of paccept the appointment as registered agestatutes relative to the proper and compilion as registered agent.	process for the above stated corporation gent and agree to act in this capacity. The performance of my duties, and I to	I further agree to comply um familiar with and accept VP & Assistant Secreta
Having been named as re this application, I hereby with the provisions of all	tance: egistered agent and to accept service of paccept the appointment as registered agestatutes relative to the proper and compilion as registered agent.	process for the above stated corporation and agree to act in this capacity. It is performance of my duties, and I determined to the Kimberly Steinmetz, NRAI Services, Inc.	l further agree to comply im familiar with and acce
Having been named as re this application, I hereby with the provisions of all the obligations of my posi	stance: egistered agent and to accept service of paccept the appointment as registered agent attemption as registered agent.	process for the above stated corporation gent and agree to act in this capacity. In the performance of my duties, and I will be the control of the control o	I further agree to comply um familiar with and acce VP & Assistant Secreta
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Having been named as re this application, I hereby with the provisions of all the obligations of my post 8. The name, title or capa Tim McGraw, Manager of	stance: egistered agent and to accept service of paccept the appointment as registered agestatutes relative to the proper and compition as registered agent. (Registered agent agent agent acity and address of the person(s) who have	process for the above stated corporation gent and agree to act in this capacity. In the performance of my duties, and I will be the control of the control o	I further agree to comply um familiar with and accept VP & Assistant Secreta
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Having been named as rethis application, I hereby with the provisions of all the obligations of my post. 8. The name, title or capa. Tim McGraw, Manager of 15450 Nolan Ct., Homer. 9. Attached is a certificate.	egistered agent and to accept service of paccept the appointment as registered agestatutes relative to the proper and compition as registered agent. (Registered agent. (Registered agent) (Registered agen	rocess for the above stated corporation and agree to act in this capacity. In the performance of my duties, and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and I determined to the performance of my duties and	I further agree to comply um familiar with and accept when familiar with and accept with a specific property of the speci
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THOMAS R. OSTERBERGER.
Typed or printed name of signee

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "SECOND STATE STRATEGIC 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 FIFTEENTH DAY OF JULY,

A.D. 2015.

15 JUL 23 PM 7: 09
SECRETARY OF STATE
TALL AHASSEE, FLORIDA

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AUTHENTY CATION: 2560334

DATE: 07-15-15

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