

MI 8000007456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

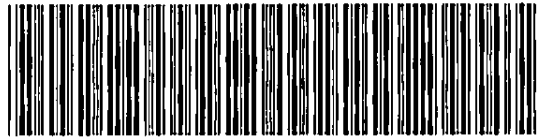
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
18 AUG 13 PM 1:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 14 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 342198 7459344

AUTHORIZATION :



COST LIMIT : \$125.00

ORDER DATE : August 10, 2018

ORDER TIME : 9:50 AM

ORDER NO. : 342198-055

CUSTOMER NO: 7459344

FOREIGN FILINGS

NAME: ADAPT SURVIVOR, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Adapt Survivor, 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:

Jeffrey Neton

Name of Person

Firm/Company

600 Enterprise Drive, Suite 200

Address

Oak Brook, IL 60532

City/State and Zip Code

jeffn@teamadapt.com

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

For further information concerning this matter, please call:

Jeffrey Neton

630

468-7536

Name of Contact Person

at (_____) _____

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. Adapt Survivor, LLC

(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. IL

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

3. 37-1904532

(FEI number, if applicable)

4. 08/10/2018

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

5. 600 Enterprise Drive, Suite 200, Oak Brook IL 60532

(Street Address of Principal Office)

6.

(Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Corporation Service Company

By:

(Registered agent's signature)

Roxanne Turner
Asst. Vice President

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

See attached

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)

Signature of an authorized person

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.

Brian Holdampf, Manager

Typed or printed name of signee

FILED
18 AUG 13 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Adapt Survivor, LLC

Name: Brian Holdampf

Title: Manager

Business Address

Street: 600 Enterprise Drive Suite 200

City, State, Zip: Oak Brook

IL

60532

Name: Brett Zbikowski

Title: Manager

Business Address

Street: 600 Enterprise Drive Suite 200

City, State, Zip: Oak Brook

IL

60532

Name: John Goodman

Title: Manager

Business Address

Street: 600 Enterprise Drive Suite 200

City, State, Zip: Oak Brook

IL

60532

Name:

Title:

Business Address

Street:

City, State, Zip:

FILED
AUG 13 AM 9:39
18
SECRETARY OF STATE
ILLINOIS

Adapt Survivor, LLC

Name: Brian Holdampf

Title: Manager

Business Address

Street: 600 Enterprise Drive Suite 200

City, State, Zip: Oak Brook IL 60532

Name: Brett Zbikowski

Title: Manager

Business Address

Street: 600 Enterprise Drive Suite 200

City, State, Zip: Oak Brook IL 60532

Name: John Goodman

Title: Manager

Business Address

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City, State, Zip: Oak Brook IL 60532

Name:

Title:

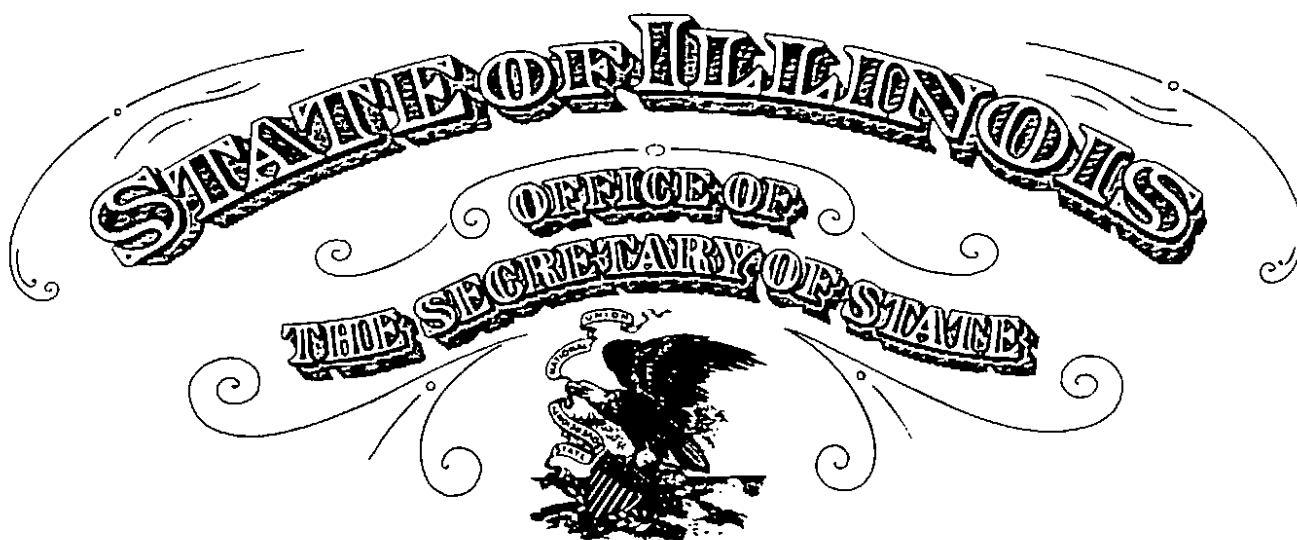
Business Address

Street:

City, State, Zip:

File Number

0706736-4



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

ADAPT SURVIVOR, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 11, 2018, 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 IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of AUGUST A.D. 2018 .

Jesse White

SECRETARY OF STATE