

CT CORPORATION

FO20000001422

CORPORATION(S) NAME

Wellspring Partners Ltd. Corp.

FILED
02 MAR 21 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 MAR 21 PM 12:52
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
SECRETARY OF STATE

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|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input checked="" type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <i>Qualification</i> | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
Availability _____
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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

3/20/02

Order#: 5117080

BK

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Ref#: *****70.00 *****70.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

KE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WELLSPRING PARTNERS LTD
(Name of corporation - must include suffix)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PHILIP J. GREENBLATT

(Name of Person)

GREENBLATT & ASSOCIATES

(Firm/Company)

1955 RAYMOND DRIVE, SUITE 111

(Address)

NORTHBROOK, IL 60062

(City/State and Zip code)

For further information concerning this matter, please call:

PHILIP J. GREENBLATT

(Name of Person)

at (847) 205-9666

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. WELLSPRING PARTNERS LTD. Corp.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. DELAWARE

(State or country under the law of which it is incorporated)

3. 36-4340943

(FEI number, if applicable)

4. 1/18/2000

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. UPON QUALIFICATION

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1847 OAKBROOK DRIVE

(Principal office address)

LONGWOOD, FL 32779

(Current mailing address)

8. CONSULTING

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT CORPORATION SYSTEM

Office Address: 1200 S. PINE ISLAND ROAD

PLANTATION

(City)

Florida 33324

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.



Jeffrey R. Graves
Assistant Secretary

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DAVID M. SHADE

Address: 123 N. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606

DIRECTOR
~~VICE CHAIRMAN~~ DENNIS J. PATTERSON

Address: 123 N. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606

Director: GEORGE W. WHETSELL

Address: 123 N. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606

Director: JOHN F. TISCORNIA

Address: 123 N. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606

B. OFFICERS

President: DAVID M. SHADE

Address: 123 N. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606

Vice President: DENNIS J. PATTERSON

Address: 123 N. WACKER DRIVE, SUITE 900
CHICAGO, IL 60606

Secretary: GEORGE W. WHETSELL

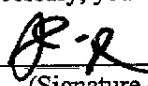
Address: 123 N. WACKER DRIVE, SUITE 900, CHICAGO, IL 60606

Treasurer: GEORGE W. WHETSELL

Address: 123 N. WACKER DRIVE, SUITE 900, CHICAGO, IL 60606

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X


(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAVID M. SHADE, PRESIDENT

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE

Delaware

PAGE 1

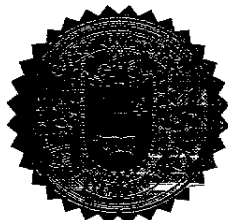
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WELLSPRING PARTNERS LTD." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTH DAY OF FEBRUARY A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3161123 8300

AUTHENTICATION: 1604958

020086162

DATE: 02-08-02