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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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#### **COVER LETTER**

TO:	Registration Section Division of Corporations			
CHID I	Sullivan Goulette Wilson, I	∟td.		
SUBJ		of corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Cicate of Existence," or "Certificate foreign corporation to	te of Good Star	nding" and check are sul	
Please	return all correspondence concer	ning this matte	r to the following:	
Monica	Bierman			
		Name of	Person	
Fuchs &	& Roselli, Ltd.			
		Firm/Con	npany	•
440 W.	Randolph Street, Ste 500			
		Addr	ess	
Chicago	o, Illinois 60606			
		City/State a	nd Zip code	
mbierm	an@frltd.com			
	E-mail addre	ss: (to be used	for future annual report	notification)
For fur	ther information concerning this	matter, please	call:	
Thomas W. Hayes		312 at (	651-2400	
	Name of Person	Area Cod		phone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
<b>=</b> \$70	.00 Filing Fee		\$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 TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Sull	ivan Goulett	te Wilson, Ltd., Inc.		
(Ente		orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	"
(If na	ame unavaila	able in Florida, enter alternate corporate name ac	lopted for the purpose of transacting	business in Florida)
2. Illin	ois	3	36-3943095	
(Sta	1994		36-3943095 (FEI number, if app	
	(Date of incorporation)		(Date of duration, if other t	han perpetual)
7. <u>444 N</u>	Aichigan Av	(Date first transacted business in I (SEE SECTIONS 607.1501 & 607.150 enue, Ste 1850, Chicago, Illinois 60651 (Principal	2, F.S., to determine penalty liability	y)
		(Current mailing	address, if different)	2015 NOV
8. Nam	e and <u>stree</u> Name:	et address of Florida registered agent: (P.O. Corporation Service Company	Box NOT acceptable)	15 L
Office A	Address:	1201 Hays Street		PH 4: 0
		Tallahassee	32301 , Florida	85 <b>69</b>
		(City)	(Zip code)	

#### 9. 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.

Maris McCulley Asst, Sec.
(Registered agent's signature)

10. 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.

11 Nam	es and business addresses of officers and/or directors:
A. DIRE	CTOPS TO TO TO THE TOTAL PROPERTY OF THE TOT
	es and business addresses of officers and/or directors:  CTORS  20/5 NOV 19 PM 4: 0
	TALLAHASSEE. FLORING
- Vice Chair	man:
Director:	Mark J. Sullivan
Address:	144 N. Michigan Avenue, Ste 1850, Chicago, Illinois 60651
- Director:	effrey P. Goulette
-	44 N. Michigan Avenue, Ste 1850, Chicago, Illinois 60651
B. OFFI	Mark J. Sullivan  44 N. Michigan Avenue, Ste 1850, Chicago, Illinois 60651
- Vice Presid	Lewis E. Wilson
Address: _	44 N. Michigan Avenue, Ste 1850, Chicago, Illinois 60651
- Secretary:	Jeffrey P. Goulette
	44 N. Michigan Avenue, Ste 1850, Chicago, Illinois 60651
Treasurer:	Jeffrey P. Goulette
Address: _	44 N. Michigan Avenue_Ste 1850, Chicago, Illinois 60651
	necessary, you may attach an addendum to the application listing additional officers and/or directors.
are true an	Signature of Director or Officer or director significant (and who is listed in number 11 above) affirms that the facts stated herein d that he or she is aware that false information submitted in a document to the Department of State constitutes aree felony as provided for in s.817.155, F.S.
13	(Typed or printed name and capacity of person signing application)



### 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

SULLIVAN GOULETTE WILSON, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 03, 1994, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 17TH day of NOVEMBER A.D. 2015.

Authentication #: 1532102646 verifiable until 11/17/2016
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE