F19000063S

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

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|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| TO: Registration Section Division of Corporations | |
| SUBJECT: Cadence Manage | ment Corp |
| Name of corpora | tion - must include suffix |
| Dear Sir or Madam: | |
| The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact bu | Standing" and check are submitted to register the |
| Please return all correspondence concerning this ma | atter to the following: |
| Dan Hansen | |
| Name | of Person |
| Cadence Mana | agement Corp = 2 |
| Firm/C | Company |
| 1952 McDowe | 211 Rd Ste 300 |
| | ddress |
| Naperville, 11 | L 60563 |
| City/Stal | te and Zip code |
| controller ⊕ m | edprodisposal.com - o |
| | ed for future annual report notification) |
| For further information concerning this matter, plea | se call: |
| Dennis Madsen at (21 | Oode Daytime Telephone Number |
| Name of Person Area C | Code Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | 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 | S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & |

Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

Name: George Shanine

Office Address: 7485 Inspira Circle Unit 1307

Naples , Florida 34113

(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.

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



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

CADENCE MANAGEMENT CORP., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON OCTOBER 21, 2013, 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 24TH day of JANUARY A.D. 2019.

Authentication #: 1902401056 verifiable until 01/24/2020 Authenticate at: http://www.cyberdriveillinois.com Desse White