Faccomais

(Requ	estor's Name)			
(Addı	ess)			
(Addr	ess)			
(City/S	State/Zip/Phone	e #)		
PICK-UP	TIAW	MAIL.		
(Busin	ness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
∵ Lo (a)	_			
Special Instructions to Fil	ing Officer:			
		i		
20 JAN				
		1		

Office Use Only



400339143894

ECAL ANASSEF, FI ORI

2020 IAN IS DM 1.





FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

1/15/20

NAME:

ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC

TYPE OF FILING: APPLICATION

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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.

(Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	i) :
(State or country under the law of which it is incorporated) January 6, 2015 (Date of incorporation) (Date of duration, if other than perpetual Content of the content o	i : : : : : : :
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607,1501 & 607,1502, F.S., to determine penalty liability) 110 Woodcreek Drive, Downers Grove, IL 60515 (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	:
(Principal office street address) (Current mailing address, if different) (Principal office street address) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	: :
(Principal office street address) (Current mailing address, if different) (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	÷·
Name: Registered Agent Solutions, Inc.	
fice Address: 155 Office Plaza Drive, Suite A	
Tallahassee Florida 32301	
(City) (Zip code)	

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

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

A. DIRECTORS	•			
□Chairman	Name: Please see attached.	□Chairman	Name:	
□ Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	Secretary	□Treasurer	
□Other	Other	Other	Other	
□Chairman	Name:	□Chairman	Name: 7020 JAN Address: Address: 7020 JAN Addres	
□Vice Chairman	Address:	□Vice Chairman	(O) — .	
□Director		□Director	<u> </u>	
□President		□President	F.C. 5	
□Vice President		□Vice President	S1 51	
□Secretary	□Treasurer	□Secretary	□Treasurer	
□ Other	Other	□Other	Other	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary	□Treasurer	
Other	Other	□Other	Other	
Important Notice: Individuals may be	Use an attachment to report more than six (6). The attact added to the index when filing your Florida Department of the index when fili	nt of State An <mark>nual</mark> Re	d for reporting purposes only. Non-indexed port form.	
m. ee v				
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or				

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Stephen F. Holste: CFO, Treasurer, Director, Vice President - Finance

ARCO/Murray National Tenant Solutions, Inc. Corporate Officer and Directors

Name	Position	Address
Craig A. Bridell	Chairman of the Board 🗸	3110 Woodcreek Drive, Downers Grove, IL 60515
Bradley J. Dannegger	President 🗸	3110 Woodcreek Drive, Downers Grove, IL 60515
Christopher Niedhammer	Vice President ✓	3110 Woodcreek Drive, Downers Grove, IL 60515
Stephen F. Holste 🗸	Vice President – Finance CFO, Treasurer	3110 Woodcreek Drive, Downers Grove, IL 60515
Jeffrey L. Cook	Secretary 🗸	3110 Woodcreek Drive, Downers Grove, IL 60515
Richard R. Amoldy Craig A. Bridell	Director ✓	3110 Woodcreek Drive, Downers Grove, 1L 60515 3110 Woodcreek Drive, Downers Grove, 1L 60515
Jeffrey L. Cook	Director ✓	3110 Woodcreek Drive, Downers Grove, IL 60515
Bradley J. Dannegger	Director ✓	3110 Woodcreek Drive, Downers Grove, IL 60515
Stephen F. Holste	Director 🗸	3110 Woodcreek Drive, Downers Grove, IL 60515
Christopher Niedhammer	Director ✓	3110 Woodcreek Drive, Downers Grove, IL 60515

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "ARCO/MURRAY NATIONAL TENANT SOLUTIONS,

INC." 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 FOURTEENTH DAY OF

JANUARY, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARCO/MURRAY NATIONAL TENANT SOLUTIONS, INC." WAS INCORPORATED ON THE SIXTH DAY.

OF JANUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXESTHAVE.

BEEN PAID TO DATE.

Authentication: 202182012

Date: 01-14-20

5669159 8300 SR# 20200261248