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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: Symbria.	. Inc.				
SOBJECT.	Name of corpora	ition - must	include suffix		
Dear Sir or Madam:					
"Certificate of Existent	tion by Foreign Corporation ce," or "Certificate of Good gn corporation to transact bu	Standing" a	nd check are sub		
Please return all corres	pondence concerning this ma	atter to the	following:		
Jennifer Sebek					
	Name	e of Person			
Symbria, Inc.					202
	Firm/	Company			
28100 Torch Parkway, S	uite 600				NAC CAR
	Α	ddress			न्युद्धः 6
Warrenville, IL 60555					- 200 -
mtyler@symbria.com	City/Sta	ite and Zip	code		1955 1975 1975 1975
	E-mail address: (to be us	sed for futur	re annual report r	notification)	
For further information	concerning this matter, plea	ase call:			
Melissa Tyler	at (630)	413-5800		
Name of Perso			Daytime Telep	hone Number	•
Registration Se Division of Co The Centre of	rporations Tallahassee be Street, Suite 810		MAILING A Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	
Enclosed is a check for Please make check payab \$70.00 Filing Fee	the following amount: the to: FLORIDA DEPARTM \$78.75 Filing Fee & Certificate of Status	□ \$78.7	ATE 5 Filing Fee & fied Copy	S87.50 Filin Certificate C	of Status &

BUSINESS IN FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT

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.

(If name unavail:	able in Florida, enter alternate corporate name ado	opted for the purpose of transacting business in Florida)	
Illinois	36	66-4297908	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
01/20/1999	5		
(Date of incorporation) 5.		(Date of duration, if other than perpetual)	
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502	lorida, if prior to registration) , F.S., to determine penalty liability)	
28100 Torch Park	way, Suite 600, Warrenville, IL 60555		
	(Principal office	street address)	
		**:	
	(Current mailing a	iddress, if different)	
Name and stree	t address of Florida registered agent: (P.O. F	Box NOT acceptable)	
Name:	C T Corporation System		
fice Address:	1200 South Pine Island Rd.		
	Plantation	, Florida	
	(Citv)	(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.

Lisa DuBois, Assistant Secretary
(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.

A. DIRECTORS					
■ Chairman	Name:	□Chairman	Name: Duane Tyler		
□Vice Chairman	Address:	■ Vice Chairman	Address: 28100 Torch Parkway, Ste 600		
Director	Warrenville, IL 60555	Director	Warrenville, II. 60555		
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	Secretary	□Treasurer		
□Other	Other	Other	Other		
□Chairman	Name: 28100 Torch Parkway, Ste 600	□Chairman			
□Vice Chairman	Address: 28100 Torch Parkway, Ste 600	□Vice Chairman	Address: 28100 Torch Parkway, Ste 600		
Director	Warrenville, IL 60555	□Director	Warrenville, IL 60555		
President		□President			
□Vice President		□Vice President	26		
□Secretary	□Treasurer	■ Secretary	☐Treasurers Co		
□Other		General (
	James Stark				
□ Chairman	Name:	Chairman	Name: Lisa Cochrane Name: 28100 Torch Parkway: Ste 600		
□Vice Chairman	Address:	□Vice Chairman	Address: 28100 Torch Parkway, Ste 600		
Director	Warrenville, IL 60555	Director	Warrenville, II. 60555		
□President	<u> </u>	□President			
□Vice President		□Vice President			
☐ Secretary	■ Treasurer	☐ Secretary	□Treasurer		
□Other	Other	□Other	Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.					
12. Signature of Director or Officer					
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. Thomas J. Kieger Secretary & Goueral Council.					

File Number

6030-869-1



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

SYMBRIA, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 20, 1999, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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 8TH day of JANUARY A.D. 2021 .

Authentication #: 2100801986 verifiable until 01/08/2022 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE