(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section			
	Division of Corporations			
	Bearing Tree, Incorporate	d		
SUBJ	IECT:			
	Na	me of corporation -	must include suffix	
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign ficate of Existence," or "Certific referenced foreign corporation	cate of Good Stand	ing" and check are sub	
	return all correspondence conc tha Wright	erning this matter t	o the following:	
		Name of P	erson	
Bearin	g Tree, Incorporated			
	<del></del>	E' 10		<u> </u>
300 So	outh Riverside Plaza, Suite 1625	Firm/Comp	oany	
		Addres	SS	
Chicag	o, 1L 60606			
		City/State on	d Zie anda	
info@l	pearingtree.com	City/State and	d Zip code	
	E-mail add	ress: (to be used fo	or future annual report n	otification)
For fu	rther information concerning th	is matter, please ca	11:	
Saman	tha Wright	312	980-1258	
		at (		
	Name of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS:		RESS:	MAILING ADDRESS:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
The Centre of Tallahassee			P.O. Box 6327	
	2415 N. Monroe Street, Suite	810	Tallahassee, FL 32314	
	Tallahassee, FL 32303			
	sed is a check for the following		Or or tre	
	make check payable to: FLORIDA  0.00 Filing Fee			E \$87.50 Ciling Foo
<u> </u>	Č	ate 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 TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	f corporation: must include "INCORPORATED," "Corp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unav Illinois 2.		dopted for the purpose of transacting bu 3-2543436	siness in Florida)	
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if application	able)	
(D.	55	(Date of duration, if other than	2022 SE	
	(Date first transacted business in 1 (SEE SECTIONS 607.1501 & 607.150 erside Plaza, Suite 1625, Chicago IL 60606		MAR 14	
·· <u> </u>	(Principal office street address)			
8. Name and <u>st</u> Name:	reet address of Florida registered agent: (P.O.	address, if different)  Box NOT acceptable)	सुरा <b>रा</b>	
Office Address:	7901 4th St N STE 300			
	St. Petersburg	, Florida		
	(City)	(Zip code)		
Having been no designated in th further agree to	agent's acceptance: amed as registered agent and to accept service his application, I hereby accept the appointme o comply with the provisions of all statutes rel iar with and accept the obligations of my posi	ent as registered agent and agree to ative to the proper and complete po	act;in this capac	ity. I
	Registered agent's sign	Registered Agents Inc. Bill Havre - Assistant Secreta	ary -	

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

A. DIRECTORS	John Tillman		Mark Miller
□Chairman	Name:  300 S Riverside Plz, Ste 1625	□ Chairman	Name:
□Vice Chairman	300 S Riverside Plz, Ste 1625 Address:	□Vice Chairman	300 S Riverside Plz, Ste 1625 Address:
	Chicago II. 60606		Chicago IL 60606
Director		□Director	
□President		President	· · · · · · · · · · · · · · · · · · ·
□Vice President		☐ Vice President	
□Secretary CEO	□Treasurer	■ Secretary	<b>□</b> Treasurer
Other	□Other	□Other	Other
□Chairman □Vice Chairman ■Director	Mark Santacrose Name: 300 S Riverside Plz, Ste 1625 Address: Chicago IL 60606	□Chairman □Vice Chairman □Director	Name:
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
□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
individu <del>als អាយុស</del> ៤០	Use an attachment to report more than six (6). The attended to the index when filing your Florida Department of Director	nent of State Annual R	
	ctor signing this document (and who is listed in numb		

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.

Mark Miller, President, Treasurer, Secretary

### File Number

7210-360-2



# 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

BEARING TREE, INCORPORATED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 16, 2018, 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 FEBRUARY A.D. 2022.

Authentication #: 2203902358 verifiable until 02/08/2023

Authenticate at: http://www.ilsos.gov

Desse White