

To:

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2022-12-07 06:30:14 CST

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From: David Thomas

12/7/22, 7:26 AM

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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Account Number : FC4000000023
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2022 DEC -7 AM 9:01

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FOREIGN PROFIT/NONPROFIT CORPORATION

Cboe Services Company

Certificate of Status	0
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S. ROBERTS

DEC 07 2022

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*

1. Cboz Services Company
(Enter name of corporation, must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/29/2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8050 Marshall Drive, Suite 120, Jeneva, Kansas 66214, United States
(Principal office street address)

(Current mailing address, if different)

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

Name: C F Corporation System
Office Address: 1200 South Pine Island Road
Plantation FL 33324
(City) (Zip code)

2022 DEC -7 AM 9:07

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.

/s/ Kimberly Baggett

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

A. DIRECTORS

☐ Chairman Name Schell, Brian N.
☐ Vice Chairman Address 8050 Marshall Drive, Suite 120
☒ Director Lenexa
☐ President Kansas
☐ Vice President 66214
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name Tilly, Edward T
☐ Vice Chairman Address 8050 Marshall Drive, Suite 120
☒ Director Lenexa
☐ President Kansas
☐ Vice President 66214
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other ☐ Other

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

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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.

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Allen Wilkinson, Vice President and Controller

(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CBOE SERVICES COMPANY" 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 SIXTH DAY OF DECEMBER, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

A handwritten signature in black ink, appearing to read "JBullock", written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

4381465 8300

SR# 20224187872

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 205018899

Date: 12-06-22