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COVER LETTER

	FO: Registration Section Division of Corporations					
SUBJEC	T: Provisio Partners Illinois Lt	d.				
Name of corporation - must include suffix						
Dear Sir o	Madam:					
"Certificat	ed "Application by Foreign C e of Existence," or "Certificat renced foreign corporation to	e of Good Stand	ling" and check are subm			
Please retu	rn all correspondence concerr	ning this matter t	to the following:			
Frank Di B	artolomeo					
		Name of P	erson			
ProvisoPro	visio Partners Illinois Ltd.					
		Firm/Comp	pany			
325 N Well	s St. Suite 100					
		Addres	SS			
Chicago, II	. 60654					
		City/State an	d Zip code			
frank.dibart	olomeo@provisiopartners.com					
	E-mail addres	s: (to be used fo	r future annual report not	ification)		
For further	information concerning this i	natter, please ca	II:			
Frank Di B	artolomeo	312	258-4378 Daytime Telephone Number			
Na	ame of Person	Area Code	Daytime Telepho	ne Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Sec Division of Corp P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
	a check for the following amethod payable to: FLORIDA Be Filing Fee S78.75 Filing Certificate	EPARTMENT (OF STATE) \$78.75 Filing Fee & Certified Copy	(\$87.50 Filing Fec,) (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.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in State or country under the law of which it is incorporated) (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) 7. (Current mailing address, if different)		
2. Illinois (State or country under the law of which it is incorporated) 4. O9/21/2017 5. (Date of incorporation) (Date of duration, if other than perpetus) 6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 325 North Wells Street, Suite 100, Chicago, IL 60654 (Principal office street address) (Current mailing address, if different)		
(State or country under the law of which it is incorporated) (FEI number, if applicable) (Oute of incorporation) (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) 7. 325 North Wells Street, Suite 100, Chicago, IL 60654 (Principal office street address) (Current mailing address, if different)	n Florida)	
(State or country under the law of which it is incorporated) 4. \[\frac{09/21/2017}{5}. \] (Date of incorporation) (Date of duration, if other than perpetus) 5. \[\text{(Date of duration)} \text{(Date of duration)} \text{(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)} 7. \[\text{325 North Wells Street, Suite 100, Chicago, IL 60654} \] (Current mailing address, if different)	82-2941538	
(Date of incorporation) (Date of duration, if other than perpetus) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office street address) (Current mailing address, if different)	(FEI number, if applicable)	
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. (Principal office street address) (Current mailing address, if different)		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 325 North Wells Street, Suite 100, Chicago, IL 60654 (Principal office street address) (Current mailing address, if different)	(Date of duration, if other than perpetual)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 325 North Wells Street, Suite 100, Chicago, IL 60654 (Principal office street address) (Current mailing address, if different)		
(Principal office <u>street</u> address) (Current mailing address, if different)		
(Current mailing address, if different)		
	T18*	
8. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Travis Bloomfield	997. FE	
Name:		
Office Address: 300 Cinnamon Beach Way, UNIT #235		
Palm Coast . Florida 32137	70	
(City) (Zip code)	2: 5	

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.

A. DIRECTORS							
□Chairman	Name: Travis Bloomfield	□Chairman	Name: Erica Cox				
□Vice Chairman	Address:	□Vice Chairman	Address: 340 E. Randolph St				
□Director	UNIT #235	□Director	Unit 4702				
■ President	Palm Coast, FL 32137	□President	Chicago, IL 60601				
□Vice President		■Vice President					
□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				
□Chairman	Name:	□Chairman	Name:				
	Address:		Address:				
☐ Director		□Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	☐Treasurer	□Secretary	□Treasurer				
□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.

File Number

7147-560-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

PROVISIO PARTNERS ILLINOIS LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 21, 2017, 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 25TH day of OCTOBER A.D. 2023.

Authentication #: 2329803248 verifiable until 10/25/2024

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

Alexi Sianoul

SECRETARY OF STATE