M050	UUU024/2
(Requestor's Name) (Address) (Address)	700050615967
(City/State/Zip/Phone #)	FILED 05 MAY -6 PH 5: 16 SECKETARY OF STATE TALLAHASSEE, FLORIDA
Office Use Only	



GORPORATION SERVICE COMPANY

ACCOUNT NO	). : 07210000032
REFERENC	E : 282902 4304524 # 5 3 1
AUTHORIZATIO	IN : Patricia Partis Er ; m
COST LIMI	T : \$ 125.00
ORDER DATE : March 28, 2005 ORDER TIME : 10:56 AM	FORDER 16
ORDER NO. : 282902-050	
CUSTOMER NO: 4304524	
CUSTOMER: Ms. Rebecca Ambri Sonnenschein Nath 8000 Sears Tower 233 South Wacker Chicago, IL 6060	& Rosenthal Drive
FOREIGN	FILINGS
NAME: IPA ADVISOR SERVICES, L	Y & INTERMEDIARY LC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING, AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER:

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	IPA Advisory & Intermediary Services, LLC
• ·	(Name of Foreign Limited Liability Company)
2	Nevada 3, 36-4344377
	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicate).
4.	03/24/1999 5. Perpetual
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	upon Filing Br
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	1250 Barclay Boulevard, Buffalo Grove, IL 60089
	(Street Address of Principal Office)
	(Bitter Addess of A hitelpar o hitely
8.	If limited liability company is a manager-managed company, check here 🔀
9.	The name and usual business addresses of the managing members or managers are as follows:
	John R. Burgess, 1250 Barclay Boulevard, Buffalo Grove, IL 60089
	Gregg Steinberg, 1250 Barclay Boulevard, Buffalo Grove, IL 60089
	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
	Islation of the certificate under oath of the translator must be submitted.)
11	. Nature of business or purposes to be conducted or promoted in Florida:
	Management consulting services
	6
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes
	an infirmation under the penalties of perjury that the facts stated herein are true.)
	Gregg Steinberg

Typed or printed name of signee

•`• • •

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

IPA Advisory & Intermediary Services, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company (Name)

1201 Hays Street Florida Street Address (P.O. Box <u>NOT</u> ACCEPTABLE)

Tallahassee FL 32301 City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)





## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **IPA ADVISORY & INTERMEDIARY SERVICES**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 24, 1999, and is in good standing in this state.

By



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 2, 2005.

Dean Hellen

DEAN HELLER Secretary of State acqueline using Ceptification Clerk