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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

NOV - 8 2010

EXAMINER

LINE

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EXAM



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2010

THEODORE KUZNAIR
2580 FOXFIELD ROAD, SUITE 200
ST. CHARLES, IL 60174

SUBJECT: TERAPIXEL PARTNERS, LLC
Ref. Number: W10000046527

We have received your document for TERAPIXEL PARTNERS, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 910A0002356

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TALLAHASSEE, FLORIDA
DIVISION OF STATE

BOCHTE, KUZNIAR & NAVIGATO, P.C.

ATTORNEYS AT LAW
2580 FOXFIELD ROAD, SUITE 200
ST. CHARLES, ILLINOIS 60174
www.bknlaw.com

WILLIAM F. BOCHTE
THEODORE L. KUZNIAR
MICHAEL T. NAVIGATO
MARY BETH DE BORD

TELEPHONE
(630) 377-7770

FACSIMILE
(630) 377-3479

September 27, 2010

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: TeraPixel Partners, LLC, an Illinois limited liability company

To Whom It May Concern:

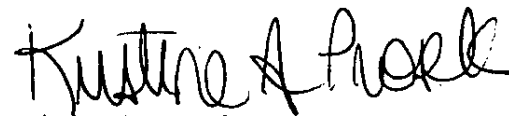
Enclosed please find a Cover Letter, Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida and State of Illinois, original Certificate of Existence dated September 20, 2010, as well as this firm's check made payable to the Florida Department of State in the amount of \$125.00 as and for the filing fee.

Please return a file-stamped copy of the Application in the enclosed self-addressed, stamped envelope.

If you have any questions regarding the contents of this correspondence, please feel free to give me a call.

Very truly yours,

BOCHTE, KUZNIAR & NAVIGATO, P.C.



Kristine A. Prosek
Paralegal

Enclosures

cc: James K. Halerz

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SEP 29 2010
PM 3:26
TALLAHASSEE
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TERAPIXEL PARTNERS, LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Theodore L. Kuzniar
Name of Person

Bochte, Kuzniar & Navigato, P.C.
Firm/Company

2580 Foxfield Road, Suite 200
Address

St. Charles, IL 60174
City/State and Zip Code

tkuzniar@bknlaw.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Theodore L. Kuzniar at (630) 377-7770
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

BOCHTE, KUZNIAR & NAVIGATO, P.C.

ATTORNEYS AT LAW
2580 FOXFIELD ROAD, SUITE 200
ST. CHARLES, ILLINOIS 60174
www.bknlaw.com

WILLIAM F. BOCHTE
THEODORE L. KUZNIAR
MICHAEL T. NAVIGATO
MARY BETH DE BORD

TELEPHONE
(630) 377-7770

FACSIMILE
(630) 377-3479

November 3, 2010

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: TeraPixel Partners, LLC, an Illinois limited liability company

To Whom It May Concern:

Enclosed please find the Certificate of Designation of Registered Agent/Registered Office received from our client as well as correspondence from your office confirming receipt of our documents and \$125.00 filing fee.

Please return a file-stamped copy of the Application in the enclosed self-addressed, stamped envelope.

If you have any questions regarding the contents of this correspondence, please feel free to give me a call.

Very truly yours,

BOCHTE, KUZNIAR & NAVIGATO, P.C.



Kristine A. Prosek
Paralegal

Enclosures

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20 NOV -5 PM 3:26
STATE
TALLAHASSEE, FL 32314

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

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

1. TERAPIXEL PARTNERS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Illinois 3. 27-0147004
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. May 4, 2009 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. April 1, 2010
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 760 Birdie View Pointe, Sanibel, FL 33957
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

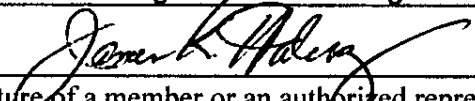
9. The name and usual business addresses of the managing members or managers are as follows:
James K. Halerz, 760 Birdie View Pointe, Sanibel, FL 33957

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2013 NOV -5 PM 3:26
CLERK OF THE
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation 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


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 affirmation under the penalties of perjury that the facts stated herein are true.)

JAMES K. HALERZ

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:

TERAPIXEL PARTNERS, LLC

If unavailable, the alternate to be used in the state of Florida is:

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

JAMES K. HALERZ

(Name)

760 Birdie View Pointe

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Sanibel

FL

33957

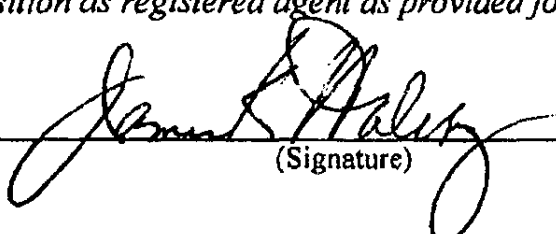
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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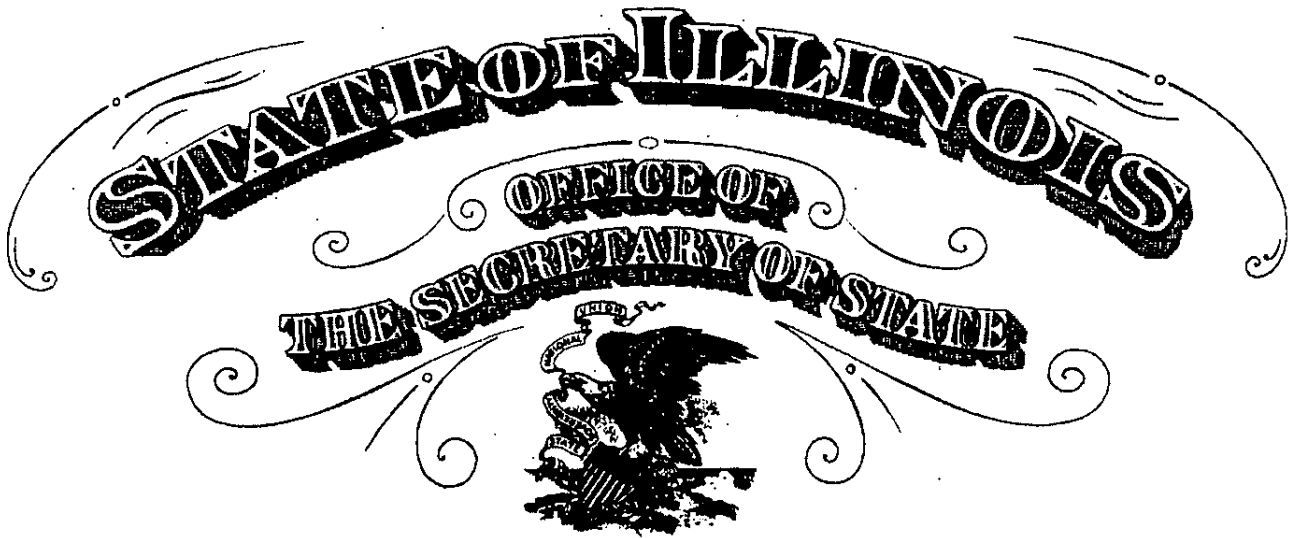
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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)

File Number 0280497-2



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

TERAPIXEL PARTNERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 04, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 20TH
day of SEPTEMBER A.D. 2010

Jesse White