M110000003977

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

Office Use Only



700210805057

08/08/11-01032-010

2011 AUG -8 AH 8: 0
SECRETARY OF STATE
TALLAHASSEF FI COLO

J. SAULSBERRY EXAMINER

AUG 9 2011

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE							
	Nar	ne of Limited Liability Company					
		oility Company for Authorization to Transact Businessove referenced foreign limited liability company to					
Please	eturn all correspondence concerning this ma	atter to the following:					
	Tim Lathrop						
Name of Person							
National Tax Search L.L.C.							
		Firm/Company					
303 East Wacker Dr #1040							
		Address	Z S	22			
	Chicago IL 60601		ECRE	2011 AUG	FILED		
905 N							
tim.lathrop@nationaltaxsearch.com							
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:							
tim.lathrop@nationaltaxsearch.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:							
	Tim Lathrop	_{at (} 312) 233-4462					
	Name of Person	Area Code & Daytime Telephone Number		_			
	MAILING ADDRESS:	STREET ADDRESS:					
	Division of Corporations	Division of Corporations					
	Registration Section	Registration Section					
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle					
	Tananassee, TE 32314	Tallahassee, FL 32301					
	ed is a check for the following amou \$125.00 Filing Fee S130.00 Filing Fe dertificate of State	e & \$155.00 Filing Fee & \$160.00 Filing	•				

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:

	TATE OF TEORIDA.
POM Escrow Services L.L.C.	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LL.C.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	of transacting business in Florida and attach a copy of the written tate name. The alternate name must include "Limited Liability
2. IL 3.	45-0670498
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. 1/19/2011 5.	perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
not applicable, as of the date of this application	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration.)
303 East Wacker Dr #1040	
7. 303 East Wacker Dr #1040	AHE STATES
Chicago, IL 60601	Principal Office)
(Street Address of	
3. If limited liability company is a manager-managed c	ompany, check here
9. The name and usual business addresses of the manag	> 7
Lori Eshoo- 303 East Wacker Dr #1040, Chic	ago, IL 60601 Managing member
Jon Flangan - 500 N Decibora	St #400, Chicago IL 60654- member
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy is ranslation of the certificate under oath of the translator must be submit	
11. Nature of business or purposes to be conducted or p	promoted in Florida: bill pay Service
any lawful business under the law of this s	tate
Lan Sern	0/0/11
	Norized representative of a member.
(In accordance with section 608.408(3), F.S., the execution	ion of this document constitutes an affirmation under the
	I am aware that any false information submitted in a third degree felony as provided for in s.817.155, F.S.)
Lori Eshoo	and degree retent as provided for it diot (1.150, 1.15.)

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:		
POM Escrow Services LLC	· Louis and the shall the	
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:	2011 AUG -8 SECRETARY TALLAHASSE	77
Paracorp Incorporated	ARY SSE	
(Name)	E 0 €	يال
23 East 6th Avenue Florida Street Address (P.O. Box NOT ACCEPTABLE)	STATE LORIDA	\bigcirc
Tallahassee FL 32303 City/State/Zip		
City/state/2.ip		

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) Ho, ASST. SECRETARY

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

File Number

0348790-3



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

POM ESCROW SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 19, 2011, 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.



Authentication #: 1120802118

the State of Illinois, this day of JULY

A.D.

2011

Desse White

In Testimony Whereof Thereto

my hand and cause to be affixed the Geat Seal of

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE