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C. LEWIS

MAR 1 9 2012

EXAMINER

### **COVER LETTER**

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SUBJECT:	M	IAP Holdings, LLC
SUBJECT:		ame of Limited Liability Company
The enclosed "Appli Existence, and check	cation by Foreign Limited Lia care submitted to register the	ability Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida
Please return all corr	respondence concerning this m	natter to the following:
	N	Michael A. Passananti
		Name of Person
	DU	JGGAN BERTSCH, LLC
		Firm/Company
	303 W	. Madison Street, Suite 1000
		Address
	CI	hicago, IL 60606-3321
		City/State and Zip Code
	dlittwir	n@dugganbertsch.com (to be used for future annual report notification)
For further informati	on concerning this matter, plea	
	Danielle Littwin	at (312) 263-8600 Area Code & Daytime Telephone Number
MAILING	ADDRESS:	STREET ADDRESS:
Division of	Corporations	Division of Corporations
Registration P.O. Box 63		Registration Section Clifton Building
Tallahassee,		2661 Executive Center Circle Tallahassee, FL 32301
	ck for the following amou	unt:
<b>▼</b> \$125.00 Fili	ng Fee \$130.00 Filing For Certificate of Sta	

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

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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: MAP Holdings, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") MAP Holdings II, 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.") Alaska (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) March 4, 2008 Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7900 South Cass Avenue Darien, Illinois 60561-5073 (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: Lawrence E. Platt 1080 Skye Lane Palm Harbor, FL 34683 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: Megl Estale Innestm Asset management and investment 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. I am aware that any 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.) Lawrence E. Platt

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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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.

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FILED MAR 16 PH CREIVESSEE.
PH 12: 36 PF STATE E. FLORIE
ARDA ARDA

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)

# WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, o	lo hereby certify that we are the N	fanagers and/or Managing
Members of	MAP Holdings, L	LC
	(Name of Limited Liability Comp	any)
a limited liability comp	pany duly organized and existing t	under the laws of
	Alaska	
(State or Co	untry of Organization)	
Because the name of the	nis foreign limited liability compa	ny does not satisfy the
requirements of the s.	608.406, F.S., the limited liability	company hereby adopts the
following name to tran	sact business in the state of Florid	la:
MAP Hold	dings II, LLC	
(Name to be used by limited li Company, L.L.C., or LLC.)	ability company in Florida. NOTE: Name m	ust end with Limited Liability
Date: 3/6/12	<del></del>	12 14
Signature(s) of Manag	er(s) and/or Managing Member(s)	HAN F
1116	A.	55 TE
Lawrence E. Platt, Manager		F. 97 3
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Alaska Entity #114580

### State of Alaska

Department of Commerce, Community and Economic Development Corporations, Business and Professional Licensing

### **Certificate of Compliance**

The undersigned, as Commissioner of Commerce, Community and Economic Development of the State of Alaska, and custodian of corporation records for said state, hereby issues a Certificate of Compliance for:

#### MAP Holdings, LLC

This entity was formed on March 04, 2008 and is in good standing. This entity has filed all biennial reports and fees due at this time.

No information is available in this office on the financial condition, business activity or practices of this corporation.



IN TESTIMONY WHEREOF, I execute the certificate and affix the Great Seal of the State of Alaska effective **March 01, 2012**.

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Susan K. Bell Commissioner