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SECRETARY OF STATE
ANASSEE FLORIDA

Alex

COVER LETTER

TO:

Registration Section

Division of Corporations	·			
SUBJECT: Savant Capital, LLC				
	e of Limited Liability Company			
The enclosed "Application by Foreign Limited Liabi Existence, and check are submitted to register the ab	lity Company for Authorization to Transact Business ove referenced foreign limited liability company to t	s in Flor ransact b	ida," (ousine:	Certificate of ss in Florida
Please return all correspondence concerning this mat	ter to the following:			
Ellen Poppen			_	
	Name of Person			
Savant Capital, LLC				
	Firm/Company	S _U		
190 Buckley Drive		Took	ابال 12 ا	
	Address	AST AST	N 22	-
Rockford, IL 61107		ARY OF	A	
	City/State and Zip Code	FLOR	₩.	O
epoppen@savantcapit	al.com be used for future annual report notification)	写 而	<u>,</u>	
·	-			
For further information concerning this matter, pleas	e call:			
Ellen Poppen	at (815) 847-5250			
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 amour \$125.00 Filing Fee \$130.00 Filing Fee Certificate of State	e & \$\int\$			

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. Savant Capital, 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 wri consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")
2. <u>Delaware</u> 3. <u>45-3812777</u>
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)
4. 10/24/11 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6. 6/29/12 <u>Ey</u>
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 14255 U.S. Highway 1, Suite 240
Juno Beach, FL 33408
(Street Address of Principal Office)
(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:
Brent R. Brodeski, Thomas A. Muldowney, Richard A. Bennett
190 Buckley Drive, Rockford, IL 61107
10 Am 1-1: 12: 1 20: 1 00 1 11 11 1 1 2 1 1 1 1 1 1 1 1 1 1
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a
ranslation of the certificate under oath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida:
Wealth Management Company
Signature of a member or an authorized representative of a member.
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

Typed or printed name of signee

Brent R. Brodeski

document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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:	
Savant Capital, 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:	

CT Corporation Syste	m	Do		
(Name)		ECRE	NUL 2	,
1200 South Pine Island Road		TAR IASS	N 22	Caracana. Managana.
Florida Street A	Address (P.O. Box NOT ACCEPTABLE)	Y OF S	AH	
Plantation,	FL 33324	S [A]	8: 4	O
	City/State/Zip		9	

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)



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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SAVANT CAPITAL, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE NINETEENTH DAY OF JUNE, A.D. 2012.

12 JUN 22 AM 8: 49
SECRETARY OF STATE

5055760 8300

120751600

AUTHENTICATION: 9652478

DATE: 06-19-12

You may verify this certificate online at corp.delaware.gov/authver.shtml