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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to I | Filing Officer: | |
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Office Use Only



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TABLA MASSEE, FLORIDA

T. CLINE

AUG - 8 2012

EXAMINER

COVER LETTER

| TO: Registratio | n Section f Corporations | | | | |
|-----------------------|---|---|------------------------|---------|-----------|
| SUBJECT: | JPF Na | BONIFAY LLC une of Limited Liability Company | - | | |
| | | bility Company for Authorization to Transact Business in above referenced foreign limited liability company to tra | | | |
| Please return all con | respondence concerning this m | atter to the following: | | | |
| | | Name of Person | | | |
| | | Name of Person | | | |
| | MIC | Firm/Company | | | |
| | | Firm/Company | | | |
| | 2615 | N SHEFFIELD Address | | | |
| | | Address | | | |
| | \mathcal{C} | H/CR60, 14 60614 City/State and Zip Code | | | |
| | | | | | |
| | MICORDA E-mail address: (| EV © SBC GLOBAL . NET to be used for future annual report notification) | | | |
| For further informati | | | mmg **** / /5 | <u></u> | |
| - - | J Fealer | at (773) 477-1600 Area Code & Daytime Telephone Number | HV TT | MF 24 | E 131 y |
| | Name of Person | Area Code & Daytime Telephone Number | SSS Y | -7 | Park Inc. |
| MAILING | ADDRESS: Corporations Section 27 | STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | CELETONIOA SELSTATE | WHE IS | |
| | ck for the following amoung Fee \$130.00 Filing Fe Certificate of Star | e & \$155.00 Filing Fee & \$160.00 Filing Fee. | | te | |

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: TPF BONIFAY UC
(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.") (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company je-organized), (Date of Organization)

5. PERPETURL

(Duration: Year limited liability company will cease to (Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability) C/O MICOR INC 2615 N SHEFFIELD CHICAGO, 12 60614

(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: C/O MICOR INC

2615 N SNAFFIELD CHICAGO, 12766 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: REALESTATE 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.) 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: |
|--|
| JPF BONIFAY LLC, an Illinois limited liability company |
| 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: |
| George O'Donoghue (Name) |
| 1857 Inlet Court Florida Street Address (P.O. Box NOT ACCEPTABLE) |
| FLEMING ISLAND FL 32003 City/State/Zip |
| 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.

\$ 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

0400795-6



To all to whom these Presents Shall Come, Greeting:

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

JPF BONIFAY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 04, 2012, 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 #: 1220501244

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

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23TH

day of

JULY

A.D.

2012

Desse White

SECRETARY OF STATE