# M12000006158

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Duning and Entitle Manne)
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE

APPROVED AND FILED

D. BRUCE

NOV 0 2 2012

EXAMINER

NER 5170



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2012

SCOTT E SMITH ONE NORTH DEARBORN STREET STE 650 CHICAGO, IL 60602

SUBJECT: ONE NORTH INTERACTIVE LLC

Ref. Number: W12000051270

We have received your document for ONE NORTH INTERACTIVE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Gina McLeod Regulatory Specialist II

Letter Number: 812A00024785

#### **COVER LETTER**

CUBIECE.	One North Interactive	LLC	
SUBJECT:		lame of Limited Liability Company	
		ability Company for Authorization to Transact Business in Florabove referenced foreign limited liability company to transact	
Please returi	n all correspondence concerning this	matter to the following:	
	Scott E. Smith		
		Name of Person	
	One North Interactive LL	_C	
		Firm/Company	<del></del>
	One North Dearborn S	Street, Suite 650	
		Address	<del></del>
	Chicago, IL 60602		
		City/State and Zip Code	
	ssmith@onenorthint	eractive.com	
	E-mail address	(to be used for future annual report notification)	ä¶ Ao <u>÷a</u>
For further i	nformation concerning this matter, pl	ease call:	F 12 NOV – SECRETAI ALLAHAS
Sc	cott E. Smith	at ( 312 ) 469-1743	FI FI TAR TAR HASS
	Name of Person	Area Code & Daytime Telephone Number	E 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
	AILING ADDRESS:	STREET ADDRESS:	AMII:
	vision of Corporations gistration Section	Division of Corporations Registration Section	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -
	D. Box 6327	Clifton Building	7>
lai	łahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed i	s a check for the following amo		
<b>∳</b> \$12	25.00 Filing Fee \$130.00 Filing Certificate of S		

## 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:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS	IN THE	STATE OF FLORIDA:		
1. One North Interactive LLC (Name of Foreign Limited Liability Company; maximum)	uet inclue	a "Limited Liability Company" "L. C. " or "L	I C ")	_
(Name of Poteign Limited Liability Company, in	usi iliciuc	e Elimited Elabridy Company, E.E.C., or 1	.LC. )	
(If name unavailable, enter alternate name adopted for the consent of the managers or managing members adopting Company," "L.L.C," "LLC.")				
2. Delaware		46-0620192		_ <del></del>
(Jurisdiction under the law of which foreign limited lia company is organized)	ability	(FEI number, if applicable)		
4. July 18, 2012	5.	Perpetual		_
(Date of Organization)		(Duration: Year limited liability company we exist or "perpetual")	II cease to	
6. October 1, 2012				_
(Date first transacted busine (See sections 608.501 & 608.501)	ss in Floi 502 F.S.	ida, if prior to registration.) o determine penalty liability)		
7. 8195 Emerald Winds Circle			·ATs	–≅ <b>5</b>
Boynton Beach, FL 33473			CRE	8
	Address o	f Principal Office)	ASS.	
8. If limited liability company is a manager-ma	inaged o	company, check here 🗹	16. 10. 10.	<u> </u>
9. The name and usual business addresses of th	ie mana	ging members or managers are as follow	. S 4.02 4.03v	AM =:
John Simpson and Jeff Hirner, Manag				2
	ii ig ivie	HIDEIS	<u> </u>	_
One North Dearborn, Suite 650	<del></del>			_
Chicago, IL 60602				
10. Attached is an original certificate of existence, no more the jurisdiction under the law of which it is organized. (A planaslation of the certificate under oath of the translator must	hotocopy	is not acceptable. If the certificate is in a foreign la		xords in
11. Nature of business or purposes to be condu	cted or	promoted in Florida: Interactive mar	keting	
for professional services-organizatio				<u> </u> •
(///-	7/	<u>L</u>		
Signature of a member or	r an autl	norized representative of a member.		
		ion of this document constitutes an affirmation under I am aware that any false information submitte		
		a third degree felony as provided for in s.817.15		
Jeff Hirner				

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.

The name of the Limited L		
If unavailable, the alternate to	be used in the state of Florida is:	
2. The name and the Florida st	reet address of the registered agent and office are:	
InCorp Service	es, Inc.	
	(Name) AS	
17888 67th		
Flo	rida Street Address (P.O. Box NOT ACCEPTABLE)	
Loxahatche		
	City/State/Zip	-
liability company at the place de agent and agree to act in this cap relating to the proper and compl	d agent and to accept service of process for the above stated limited signated in this certificate, I hereby accept the appointment as registered pacity. I further agree to comply with the provisions of all statutes ete performance of my duties, and I am familiar with and accept the istered agent as provided for in Chapter 608, Florida Statutes.    Cel Rolls for Many Services   NCO Services   NC. (Signature)	
	\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)	

# Delaware

PAGE 1

### The First State

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

DELAWARE, DO HEREBY CERTIFY "ONE NORTH INTERACTIVE 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 TWENTY-FOURTH DAY OF OCTOBER, A.D. 2012.

5185640 8300

121149632

AUTHENTY CATION: 9941945

DATE: 10-24-12

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