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(Re	equestor's Name)				
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificates	s of Status			
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SECRETARY OF STATE

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ACCOUNT NO. : 12000000195						
REFERENCE : 582075 7539						
AUTHORIZATION :	enan					
COST LIMIT : \$ 125.00						
ORDER DATE: March 25, 2013						
ORDER TIME : 3:33 PM						
ORDER NO. : 582075-020						
CUSTOMER NO: 7539851						
FOREIGN FILINGS  NAME: LAGASSE, LLC						
XXXX QUALIFICATION (TYPE: LL)  PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY	2013 MAR 25 AH 9: 4 SECRETARY OF STATI TALBAHASSEE FLORIC					
CONTACT PERSON: Susie Knight EXT# 52956	NOA NOA					
EXAMINER:						

## 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: LAGASSE; LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternale 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.") 2 ILLINOIS (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) **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) OneParkway North Blvd., Suite 100, Deerfield, I 60015; (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: P. Cody Phipps, One Parkway North Blvd., Suite 100, Deerfield, IL 60015 Fareed A. Khan, One Parkway North Blvd., Suite 100, Deerfield, L. 60015 Eric A. Blanchard, One Parkway North Blvd., Suite 100, Deerfield, IL 60015 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: Wholesale distribution

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.)

Eric A. Blanchard, Manager

## 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 Co	ompany is:			
If unavailable, the alternate to be used in the state of Florida is:					
2. The name	and the Florida street addr	ress of the registered agent and office are:			
	Corporation Service Corr	npany			
	i	(Name)	-		
	1201 Hays Street				
	Florida Street	et Address (P.O. Box NOT ACCEPTABLE)	-		
	Ţallahassee.	32301			
		City/State/Zip	-		
liability comp registered ago statutes relati	comy at the place designated ent and agree to act in this ding to the proper and complifications of my position as r  Corporation Service Complete:	Signature)	rovisions of all HAR 25		
	\$ 100 \$ 25	0.00 Filing Fee for Application 5.00 Designation of Registered Agent			

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) File Number

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## To all to whom these Presents Shall Come, Greeting:

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

LAGASSE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 20, 2012, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOODS STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF THE ILLINOIS.

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Authentication #: 1308401892

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

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH

day of N

MARCH

A.D.

2013

Desse White

SECRETARY OF STATE