Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Foreign Limited Liability Company Submittal Exchange, LLC

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B. BOSTICK

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Help

JUL 1 8 2014

EXAMINER

COVER LETTER

_	ration Section n of Corporations			
SUBJECT: Su	bmittal Exchange, LLC			
	Nar	ne of Limited Liability Company		
The enclosed "A Existence, and cl	pplication by Foreign Limited Lia neck are submitted to register the s	bility Company for Authorization bove referenced foreign limited li	to Transact Business in Florida," Certificate ability company to transact business in Flor	e of rida
Please return all	correspondence concerning this m	atter to the following:		
	Heidi Gluck			
		Name of Person		
Textura Corporation				
		Firm/Company		
	1405 Lake Cook Road			
		Address		
	Deerfield, IL 60015			
		City/Stote and ZIp Code	ill see	77
	heldi.gluck@texturacorp.com		AR JE	
		: (to be used for future annual report	notification)	_ m
For further inform	mation concerning this matter, plea	ise call:	P P	$\overline{\mathbf{u}}$
Heldi C	iluck	at (847) 4	57-6563 57-6563	O
	Name of Contact Person	Area Code	Daytime Telephone Number	
Division Registro P.O. Bo	NG ADDRESS; n of Corporations ation Section ox 6327 ssee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassoc, FL 32301	o we	
	check for the following amou .00 Filing Fee	ig Fee & 🔲 \$155.00 Filing Fe	e & S160.00 Filing Fee, Certificate of Status & Certified Copy	

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Submittal Exchange, 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. The alternate name must include "Lim	ited
Liability Company," "L.L.C." or "LLC.")	
2, lowa 3, 45-0543905	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	,
4. 7/9/2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5 1405 Lake Cook Rond	
Deerfield, IL 60015	_
(Street Address of Principal Office)	•
6 1405 Lake Cook Road	$\neg \eta$
	-
Deerfield, IL 60015	
(Mailing Address)	m
7. The same title or convenity and address of the person(s) suba bac/have suthority to many is/ard	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	
Patrick J. Allin, Manager, 1405 Lake Cook Rd., Deerfield, IL 60015	
	•
Jillian Sheehan, Manager, 1405 Lake Cook Rd., Deerfield, IL 60015	-
	_
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the off	icial
having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not	-1-4
acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the trans	siator
must be submitted)	
The Sheet	
Signature of an authorized person	
(In accordance with section 605.0203, F.S.) The execution of this document constitutes an affirmation under the penalties of perjury that the facts stated here on aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 6.817.155, F.S.)	an are gus.
·	
Jillian Sheehan	
Typed or printed name of signee	

1. The name of the Limited Liability Company is:

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

Submittal Exch	nange, LLC		
If unavailable	e, the alternate to be used in the	ne state of Florida is:	
2. The name	and the Florida street address	s of the registered agent and office are:	
	C T Corporation System		 ,
		(Name)	
	1200 South Pine Island Road		
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	
	Plantation	FL 33324 City/State/Zip	
liability comp registered ag statutes relati	pany at the place designated in ent and agree to act in this caj ing to the proper and complete	d to accept service of process for the about this certificate, I hereby accept the appearants. I further agree to comply with the performance of my duties, and I am fancistered agent as provided for in Chapter	ointment as e provisions of all niliar with and
	C T Corporation System System (Sig	Lebeca Barth	2814 SEC TALL
	\$ 109.00 \$ 25.00 \$ 30.00 \$ 5.00	Designation of Registered Agent Certified Copy (optional)	FILED JUL 17 A 9:59 CRETARY OF STATE AHASSEE, FLORIDA

Certificate of Standing

IOWA SECRETARY OF STATE MATT SCHULTZ



CERTIFICATE OF EXISTENCE

Date: 7/17/2014

Name: SUBMITTAL EXCHANGE, LLC (489DLC - 335001)

Date of Incorporation: 10/2/2006

Duration: PERPETUAL

- I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:
 - a. The entity is in existence and duly incorporated under the laws of lowa.
 - b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
 - c. The most recent biennial report required has been filed with the Secretary of State.
 - d. The Secretary of State has not administratively dissolved the limited liability company.
 - e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

Certificate ID; CS95762

To validate certificates visit: sos.iowa.gov/ValidateCertificate

Matt Schultz, Iowa Secretary of State