

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140002292163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

Enter the amail address for this business entity to be used for future

Enger the email address for this business entity to be used for functional report mailings. Enter only one email address please.**

Cura:

Sam@ruglegal.com

Camail Address:

Sam@ruglegal.com

Foreign Limited Liability Company ARBOR INVESTMENT MANAGEMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

(((H140002292163)))

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

1. ARBOR INVESTMENT MANAGEMENT LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.,"		
(If name unavailable, enter alternate name adopted for the purpose of transacting husiness in Florida. The alternate name must include "Liability Company," "L.L.C." or "LLC.")	— imíted	
_{2.} Delaware _{3.}		
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)		
4. No business transacted in Florida prior to registration		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	<u>_</u>	
5. 600 Central Avenue, Sulte 311	_ 43S	4.
Highland Park, IL 60035	<u>သ</u>	ŗ
(Street Address of Principal Office)	~ ?#	r
6 600 Central Avenue, Suite 311	_ ဃ _ ယှ	ŗ
Highland Park, IL 60035		
(Mailing, Address)	_	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:		
Robert U. Goldman, Manager - 600 Central Avenue, Suite 311, Highland Park, IL 6003	5	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the chaving custody of records in the jurisdiction under the law of which it is organized. (A photocopy is no	fficial •	
acceptable. If the certificate is it is foreign language, a translation of the certificate under oath of the tra		
must be submitted)		
(Color 4 Onle		
Signature of an authorized person	imin am h	
this accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated hum aware that any falso information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 817,155, F.	3)	uv.
Robert U. Goldman		

Typed or printed name of signee

(((H140002292163)))

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.

_	of the Limited Liability	y Company is: NT MANAGEMENT LLC	
If unavailable	, the alternate to be use	ed in the state of Florida is:	
2. The name	and the Florida street a	ddress of the registered agent and office are:	
	Registered	Agents Inc.	
		(Name)	
	3030 N. Ro	cky Point Dr. Suite 150A	
	Florida S	treet Address (P.O. Box NOT ACCEPTABLE)	
	Tampa	FL 33607 ₽ ₽	
liability comp registered age statutes relati	any at the place designeent and agree to act in t ang to the proper and co	City/State/Zip SEP Sent and to accept service of process for the above stated United ated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of all amplete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, Florida Dan Keen - President (Signature)	T C

\$ 100.00 Filing Fee for Application

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

\$ 25.00

\$ 30.00

5.00

(((11140002292163)))

(((H140002292163)))

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "ARBOR INVESTMENT MANAGEMENT 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 THIRTIETH DAY OF SEPTEMBER, A.D.

2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ARBOR INVESTMENT MANAGEMENT LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2014.

14 SEP 30 PH 3: 41

5578378 8300

141236447

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

peffrey W. Bullock. Secretary of State

DATE: 09-30-14