(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W14-70506			

Office Use Only



800264883068

14 NOY 21 新原 25

饱州 NOV 21 A II: 02

B. BOSTICK

NOV 2 6 2014

EYAMINER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

11/25/14

NAME:

BRIDGE ACQUISITION, LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

Bridge Acquisition Company, LLC 350 W. Hubbard Street, Ste. 430 Chicago, IL 60654

November 25, 2014

State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Bridge Acquisition, LLC

Dear Sir or Madam:

Bridge Acquisition Company, LLC, an Illinois limited liability company, by this letter hereby gives its unconditional consent to the use of a similar name "Bridge Acquisition, LLC"

Sincerelly

Bridge Acquisition Company, LES

Anthony Pricco, Vice President and Manager

ZERETARY OF STATE

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 FORFIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The siability Company," "L.L.C," or "L.L.C.")	alternate name must include "Limited
DELAWARE 3. APPLIED FOR	
	r, if applicable)
(Date first transacted business in Florida, if prior to registration.)	
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
350 W. HUBBARD STREET, STE. 430	
CHICAGO, IL 60654	
(Street Address of Principal Office) 350 W. HUBBARD STREET, STE. 430	21
CHICAGO, IL 60654	;= (O) ====
(Mailing Address)	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author See attachment 8. Attached is an original certificate of existence, no more than 90 days old, duly	rity to manage is/are:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author See attachment . Attached is an original certificate of existence, no more than 90 days old, duly aving custody of records in the jurisdiction under the law of which it is organiz	rity to manage is/are:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author See attachment 6. Attached is an original certificate of existence, no more than 90 days old, duly aving custody of records in the jurisdiction under the law of which it is organiz ceeptable. If the certificate is in a foreign language, a translation of the certificate	rity to manage is/are:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author See attachment . Attached is an original certificate of existence, no more than 90 days old, duly aving custody of records in the jurisdiction under the law of which it is organiz ceptable. If the certificate is in a foreign language, a translation of the certificate	rity to manage is/are:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author See attachment 8. Attached is an original certificate of existence, no more than 90 days old, duly aving custody of records in the jurisdiction under the law of which it is organiz cceptable. If the certificate is in a foreign language, a translation of the certificate is submitted)	rity to manage is/are:
(Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have author See attachment . Attached is an original certificate of existence, no more than 90 days old, duly aving custody of records in the jurisdiction under the law of which it is organiz ceptable. If the certificate is in a foreign language, a translation of the certificate	rity to manage is/are: y authenticated by the official red. (A photocopy is not ranslator under oath of the translator

Ronald T. Frain, Manager

Typed or printed name of signee

Bridge Acquisition, LLC

Attachment to the State of Florida Application by Foreign Limited Liability Company For Authorization to Transact Business in Florida

Item 7 – The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Ronald T. Frain, Manager, 350 W. Hubbard Street, Ste. 430, Chicago, IL 60654 Steven Poulos, Manager, 350 W. Hubbard Street, Ste. 430, Chicago, IL 60654 Anthony Pricco, Manager, 350 W. Hubbard Street, Ste. 430, Chicago, IL 60654 Kevin Carroll, Manager, 350 W. Hubbard Street, Ste. 430, Chicago, IL 60654

2914 NOV 21 A II: (

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.

	f the Limited Liability of ACQUISITIC	• •		
If unavailable,	the alternate to be used	l in the state of Florida is:		
2. 'The name a	nd the Florida street ad	dress of the registered agent and office are;	18.E.G.	-71
	NATIONAL CO	ORPORATE RESEARCH, LTI	A NOV 2	
		(Name)		
	155 Office P	Plaza Drive	-mm 12	
	Florida Str	cel Address (P.O. Bux NOT ACCEPTABLE)	H: 03	
	Tallahassee	FL 32301		
		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 605, 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)

Delaware

PAGE :

The First State

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

DELAWARE, DO HEREBY CERTIFY "BRIDGE ACQUISITION, 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 EIGHTEENTH DAY OF NOVEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BRIDGE ACQUISITION, LLC" WAS FORMED ON THE SIXTEENTH DAY OF OCTOBER, A.D. 2014.

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

PACLAMASSEE, EL ORIGA

Jeffrey W. Bullock, Secretary of THENTICATION: 1876232

DATE: 11-18-14

5622811 8300

141424786

at corp.delaware.gov/authver.shtml



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 24, 2014

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: BRIDGE ACQUISITION, LLC

Ref. Number: W14000070506

SUFFICIENCY OF FILING

2014 NOV 24 FH 3-40

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the <u>electronic filing cover sheet</u>.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 514A00024888

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 25, 2014

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: BRIDGE ACQUISITION, LLC

Ref. Number: W14000070506

We have received your document for BRIDGE ACQUISITION, 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):

Please accept our apology for failing to mention this in our previous letter.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is M13000007314.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 314A00024989

WE NO 21 A II.