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TJM INSTITUTIONAL SERVICES, LLC

TYPE OF FILING: APPLICATION

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160.00

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**AUTHORIZATION: ABBIE/PAUL HODGE** 

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

#### TJM INSTITUTIONAL SERVICES, L.L.C.

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Richard T. Reibman

Name of Person

Thompson Coburn LLP

Firm/Company

55 E. Monroe St., 37th Floor

Address

Chicago, IL 60603

City/State and Zip Code

RReibman@thompsoncoburn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maggie Nighswander

",312

580-5056

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327

Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

S155.00 Filing Fee & Certified Copy

■ \$160.00 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:

(If name unavailable, enter alternate name adopted for the purpose of tran Liability Company, ""L.L.C," or "LLC.")	sacting business in Florida. The alternate name must include "Limited
	FEIN: 36-4070870
(Jurisdiction under the law of which foreign limited liability company is organized)	(PEI number, if applicable)
4	
(Date first transacted business in F (See sections 605.0904 & 605.0905, f	orics, it prior to registration.)  S. to determine penalty liability)
<sub>5.</sub> 318 W. Adams Street, Suite 900	
Chicago, IL 60606	<del></del> :
	(Principal Office)
6. 318 W. Adams Street, Suite 900	55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Chicago, IL 60606	EB .
(Mailing	Address)
7. The name, title or capacity and address of the perso	n(s) who has/have authority to manage is/are:
Thomas J. Murphy, Co-Managing M	ember of TJM Holdings, LEC 👸 🗬
Steve Beitler, Co-Managing Membe	
318 W. Adams St. #900, Chicago, IL	50606
B. Attached is an original certificate of existence, no month having custody of records in the jurisdiction under the lacceptable. If the certificate is in a foreign language, a temust be submitted)	aw of which it is organized. (A photocopy is not

Thomas J. Murphyor Steven Beitler, Co- Managing Members

Typed or printed name of signee

## 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.

The name of the Limited Liability Company is:  TJM INSTITUTIONAL SERVICES, L.L.C.	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
National Corporate Research, Ltd., Inc.	
(Name)	
155 Office Plaza Drive	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee FL 32301	e . E e E
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.    Accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.   Accept the 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.   Accept the 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.   Accept the 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.   Accept the 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.   Accept the 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.   Accept the complete performance of my duties, and I am familiar with and accept the accept	<b>.</b>
\$ 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 "TJM INSTITUTIONAL SERVICES, L.L.C."

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 ELEVENTH DAY OF FEBRUARY, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TJM
INSTITUTIONAL SERVICES, L.L.C." WAS FORMED ON THE FIFTEENTH DAY
OF MARCH, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

15 FEB I I PM 3: 30
SE SEE FLOYY OF STATE
TALL AHMSSEE FLORIDA

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

Jeffrey W. Bullock, Secretary of State

AUTHENTACATION: 2112571

DATE: 02-11-15