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SECRETARY OF STATE
TALLAHASSEE, FLORING

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October 26, 2015

VIA FEDEX

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

Re: EMIAD, LLC

Application by Foreign Limited Liability Company for Authorization

to Transact Business in Florida

To whom it may concern:

Enclosed for filing are the following documents regarding the referenced entity:

- 1. Cover Letter;
- 2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- 3. Delaware Certificate of Good Standing dated October 20, 2015; and
- 4. Filing fee in the amount of \$125.00.

Please register EMIAD, LLC with the Florida Secretary of State, Division of Corporations and return a file-stamped copy of the enclosed documents in the enclosed self-addressed FedEx envelope. An additional copy of the referenced documents are enclosed and noted for this purpose.

Should you have any questions or require anything further, please do not hesitate to contact me. My direct telephone number is 312-621-1262.

Very truly yours,

BEERMANN PRITIKIN MIRABELLI SWERDLOVE LLP

Christopher J. Schultheis

Paralegal

SP/cjs Enclosures

COVER LETTER

TO:

TO:	Registration Section Division of Corporations					
SUBJE	EMIAD, LLC					
5555	Name of Limited Liability Company					
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Floric					
Please	return all correspondence concerning this matter to the following:					
	LYLE S. GENIN					
	Name of Person					
BEERMANN PRITIKIN MIRABELLI SWERDLOVE LLP						
Firm/Company						
	161 N. CLARK STREET, SUITE 2600					
Address						
	CHICAGO, ILLINOIS 60601					
	City/State and Zip Code					
	CORPORATEPARALEGAL@BEERMANNLAW.COM					
	E-mail address: (to be used for future annual report notification)					
For fur	her information concerning this matter, please call:					
	LYLE S. GENIN OR STEFANIA PIALIS 312 621-9700 at (
	Name of Contact Person Area Code Daytime Telephone Number					
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301					
Enclose	d is a check for the following amount: ■ \$125.00 Filing Fee Certificate of Status □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy 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:

EMIAD, LLC	JAINEAS IN THE STATE OF FLOIDS			
(Name of Fore	eign Limited Liability Company; mu	ast include "Limited Lia	bility Company," "L.L.C" or	"LLC.")
Liability Company," "L.L.C,	Iternate name adopted for the purpos " or "LLC.")	_		
2. DELAWARE		3	47-537544 (FEI number, if applicable)	19
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4	(Date first transacted busin (See sections 605.0904 & 605	less in Florida, if prior to	registration.)	-
	(See sections 605.0904 & 605 ND BLVD. NW, SUITE 110	5,0905, F.S. to determin	e penalty liability)	
BOCA RATON, FLOI	RIDA 33487			•
	(Street Address of	Principal Office)		•
6. 161 N. CLARK STRE	ET, SUITE 2600			-
CHICAGO, ILLINOIS				_
	(Mailing	Address)		
7. Name and street address	ss of Florida registered agent: (P	O. Box NOT accept	table)	
Name:	C T CORPORATION SYSTE	EM	_	₹ _G · →
Office Address:	1200 SOUTH PINE ISLAND	ROAD	_	5 OC
	PLANTATION		_ , Florida <u>33324</u>	7
	(City)		(Zip code)	
designated in this applica to complywith the provisi	gistered agent and to accept ser tion, I hereby accept the appoin ons of all statutes relative to the my position as registered agent. Llewa Pauth	ntment as registered a proper and complete	igent and agree to act in thi e performance of my duties,	s capacity. I farther agree
0.771	5 1 12 Cd 4	.	24.	
•	acity and address of the person(s , MGR, 5300 BROKEN SOUNI	•	•	33487
ALAN RUTNER, PRES.	/SEC., 5300 BROKEN SOUND	BLVD. NW, SUITE	110, BOCA RATON, FL 33	3487
LYLE S. GENIN, ASSIS	TANT SEC., 161 N. CLARK ST	TREET, SUITE 2600	, CHICAGO, IL 60601	
	- / Se		gn language, a translation of	
	d in accordance with section 605. the Department of State constitu	.0203 (1) (b), Florida	Statutes. I am aware that any	
	Lyle & Can	in Assistant Secretar	v	

Typed or printed name of signee

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "EMIAD, 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 TWENTIETH DAY OF OCTOBER, A.D. 2015.

The state of the s

Authentication: 10276817

Date: 10-20-15

5855907 8300 SR# 20150575256