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(Re	equestor's Name)			
(Ac	ddress)			
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(City/State/Zip/Phone #)				
PICK-UP				
(Bı	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	Office Use Only			

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FILED 16 MAR 15 AM 9: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA

> BEPARTMENT OF STATE 16 MAR 15 AM 11: 27



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT NO. : I2000000195

REFERENCE : 055978

3 7548781

millolenan AUTHORIZATION : COST LIMIT : \$ 460,00

ORDER DATE : March 14, 2016

ORDER TIME : 9:29 AM

ORDER NO. : 055978-005

CUSTOMER NO: 7548781

FOREIGN FILINGS

NAME: MFIM-MAITLAND, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

PLAIN STAMPED COPY XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

.....

TO: Registration Section Division of Corporations

MFIM-Maitland, LLC SUBJECT:

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:

Laura Lewandowski

Name of Person

Mesirow Financial

Firm/Company

353 N. Clark Street

Address

Chicago, Illinois 60654

City/State and Zip Code

llewandowski@mesirowfinancial.com

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

For further information concerning this matter, please call:

Laura Lewandowski		312 at ()	595-6238	
Name	of Contact Person	Area Code	Daytime Telephone Number	
MAILING ADDRESS	<u>.</u>	S	FREET ADDRESS;	
Division of Corporations		Division of Corporations		
Registration Section		Registration Section		
P.O. Box 6327		Clifton Building		
Tallahassee, FL 32314		2661 Executive Center Circle		
		Tallahassee, FL 32301		
Enclosed is a check for the follo	wing amount:			
□ \$125.00 Filing Fee	SI30.00 Filing Fee &	□ \$155.00 Filing I	Fee & S160.00 Filing Fee, Certificate	

Certified Copy

of Status & Certified Copy

Certificate of Status

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 UABILITY' COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA'

MFIM-Maitland, LLC

, Delaware

(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 "Limited Liability Company," "L.L C," or "LLC.")

1

(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicable)	
r	(Date first transacted business in Florida	. If prior to registration.)	
353 N. Clark Street	(See sections 605,0904 & 605,0905, F.S. to	determine penalty liability)	
Chienne Illinois 6065	<u> </u>	مەسىمەنىيەن بەر مە مەمەن ب ەر يېرىمىيە مەمەمەن يېرىمىيە مەمەمەمەن يېرىمىيە مەمەمەمەن يېرىمىيە يېرىمىيە مەمەمەمەمەمەمەمەمەمەمەمەمەمەمەمەمەمەم	
Chicago, Illinois 6065	(Street Address of Principal Off	ICA	TAL SE
353 N. Clark Street	(oncer Address of Fitterph on		
Chicago, Illinois 60654	\$		MAR 15 DRETART
- <u></u>	(Mailing Address)		
. Name and street addres	ss of Florida registered agent: (P.O. Box NG	<u>OT</u> acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		N NO
	Tallahossee	, Florida 32301	
	(City)	(Zip code)	

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service By:	Company Auto	, Me	elissa Zender
<u></u>	(Registered agent's signature)	Asst.	Vice President

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

Mesirow Financial Services, Inc. - Managing Member

353 N. Clark Street

Chicago, Illinois 60654

9. Attached is a certificate of existence, no more than 90 dars old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dennis B. Black, Secretary of Mesirow Financial Services, Inc.

Typed or printed name of signee



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MFIM-MAITLAND, 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 FOURTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MFIM-MAITLAND, LLC" WAS FORMED ON THE TENTH DAY OF MARCH, A.D. 2016.

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



Authentication: 201978002

5985726 8300

SR# 20161636367 You may verify this certificate online at corp.delaware.gov/authver.shtml Date: 03-14-16

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