

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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

Email Address:

Foreign Limited Liability Company Aurico Reports, LLC

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COVER LETTER

| | egistration Section ivision of Corporation | s | | | | | |
|-----------------|---|--|------------------------------------|---|--|--|--|
| SUBJECT | Aurico Reports, LLC | | | | | | |
| 0020201 | | Name of Limited Liability Company | | | | | |
| | | | | | nsact Business in Florida," C company to transact busines | | |
| Please retu | rn all correspondence co | oncerning this matter to the | following: | | | | |
| | . | Na | nme of Person | | | | |
| | Firn/Company | | | | | | |
| | | | | | | | |
| | Address | | | | | | |
| | City/State and Zip Code | | | | | | |
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| roi iumei | intormation concerning | this matter, please call: | at (| ` | | | |
| _ | Name of | Contact Person | at (| Dayı | time Telephone Number | | |
| D R P. | ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314 | | | Division of Registrati Clifton Be 2661 Exe | ADDRESS: of Corporations on Section ailding cutive Center Circle see, FL 32301 | | |
| | s a check for the followi I \$125.00 Filing Fee | ng amount: ☐ \$130.00 Filing Fee & Certificate of Status | □ \$155.00 Filin Certified Copy | - | ☐ \$160.00 Filing Fee, Cert 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:

| Aurico Reports, LLC | | | |
|---|--|--|--|
| (Name of Fore | ign Limited Liability Company: must include | "Limited Liability Company," "L.L.C. | "or "LLC.") |
| (If name unavailable, enter al Liability Company," "L.L.C," | ternate name adopted for the purpose of trans | acting business in Florida. The alternate | aname must include "Limited |
| 2. Illinois | 4 | 36-3782573 | |
| | of which foreign limited liability | (FEI number, if applic | able) |
| 4, | (Date first transacted business in Flo | ride if prior to recistration | |
| | (Date first transacted business in Flo (See sections 605.0904 & 605.0905, F. | S. to determine penalty liability) | |
| 5. 116 W. Eastman St., A | rlington Heights, Illinois 60004 | | |
| | (Street Address of Principal | Office | <u> </u> |
| - 116 W. Eastman St., As | P. 4. Th. ! 14- 1011 -1- C0004 | | 16 Ec |
| 6. | | | |
| | | de constitución de parte de servicio de constitución de consti | AS 78 3 |
| | (Mailing Address) | | 0 X |
| 7. Name and street address | s of Florida registered agent: (P.O. Box | NOT_acceptable) | PH |
| Name: | C T Corporation System | | S & S |
| Office Address: | 1200 South Pine Island Road | | 10 mg |
| · | Plantation | , Florida | **** |
| | (City) | (Zip code | *) |
| designated in this applicate to comply with the provision accept the obligations of r | gistered agent and to accept service of p tion, I hereby accept the uppointment as ons of all statutes relative to the proper (| s registered agent and agree to uct i and complete performance of my d | in this capacity. I further agree utles, and I am familiar with an M. Haloio |
| | (Registered age) | ht's signature) | |
| 8. The name, title or capa | icity and address of the person(s) who ha | s/have authority to manage is/are: | |
| Kevin Knapp, Manager, 2 | 00 N. LaSalle Street, Suite 1100, Chicag | o, IL 60601 | |
| Matt Ferguson, Manager, | 200 N. LaSalle Street, Suite 1100, Chica | go, IL 60601 | |
| Mary Delaney, Manager, | 200 N. LaSalle Street, Suite 1100, Chica | go, IL 60601 | |
| 9. Attached is a certificate | 5 W. Eastman St., Arlington Heights, Illinois of existence, no more than 90 days old, to of which it is organized. (If the certificate abmitted) | duly authenticated by the official ha | |
| | V_{\bullet} V_{\bullet} | | |
| | Signature of an au | thorized person | |
| | I in accordance with section 605.0203 (1) the Department of State constitutes a thing | | |
| | Kevin K | - | - , |
| | Typed or printed n | * * | |

File Number

0563729-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

AURICO REPORTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 25, 2016, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE (\$\frac{1}{2}\) GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF TILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 30TH day of MARCH A.D. 2016.

Authentication #: 1609001876 verifiable until 03/30/2017
Authenticate at: http://www.cyberdriveillinois.com

esse White

SECRETARY OF STATE