

M16000003521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

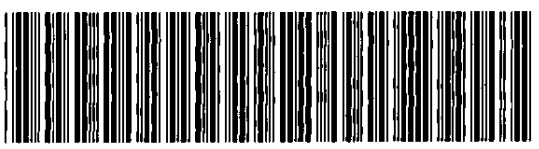
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF REVENUE
16 MAY -2 PM 12:12

FILED
2016 MAY -2 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY -3 -

CT

May 2, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9985595 SO
Customer Reference 1: 1141-001/1142-001
Customer Reference 2: Period 5/1/16 to 4/30/17

Dear Department of State, Florida :

Please obtain the following:

ICUG, LLC (DE)
Registration
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ICUG, LLC

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:

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 further information concerning this matter, please call:

LYLE S. GENIN OR STEFANIA PIALIS at (**312**) **621-9700**

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 \$155.00 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:

1. ICUG, LLC
(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.")

2. DELAWARE (Jurisdiction under the law of which foreign limited liability company is organized) 3. 81-2191631 (FEI number, if applicable)

4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5300 BROKEN SOUND BLVD. NW, SUITE 110 BOCA RATON, FLORIDA 33487 (Street Address of Principal Office)

6. 161 N. CLARK STREET, SUITE 2600 CHICAGO, ILLINOIS 60601 (Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T CORPORATION SYSTEM Office Address: 1200 SOUTH PINE ISLAND ROAD PLANTATION, Florida 33324 (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.

(Registered agent's signature) Ryan N. Kenigsberg Assistant Secretary

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

JEFFREY A. LEVITETZ, MGR, 5300 BROKEN SOUND BLVD. NW, SUITE 110, BOCA RATON, FL 33487

ALAN RUTNER, PRES./SEC., 5300 BROKEN SOUND BLVD. NW, SUITE 110, BOCA RATON, FL 33487

LYLE S. GENIN, ASSISTANT SEC., 161 N. CLARK STREET, SUITE 2600, CHICAGO, IL 60601

9. Attached is a certificate of existence, no more than 90 days 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.

Lyle S. Genin, Assistant Secretary

Typed or printed name of signee

FILED 2016 MAY -2 AM 7:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ICUG, 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 TWENTY-NINTH DAY OF APRIL, A.D. 2016.

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

FILED
2016 MAY -2 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

6014543 8300

SR# 20162694683

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

Authentication: 202238286

Date: 04-29-16