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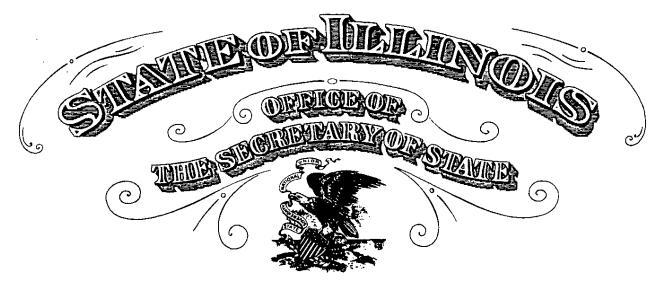
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COVER LETTER

	stration Section ion of Corporation	s		v	
SUBJECT:	•	GOVAR US	A		
_		GOUHR US Name of	f Limited Liability	Company	
		eign Limited Liability Com I to register the above refe			
Please return a	II correspondence c	oncerning this matter to the	e following:		
		Heidi Voor	hees Name of Person		
	(FOUHR USA	LLC Firm/Company		
	ما	30 Dundee	Rd Su Address	ite 130	SECTION TO
	No	1+hbrook City/	State and Zip Code	062	29
		Lo e gauhrus E-mail address: (to be use	a. Com	l report notification)	RW 2: 10
For further info	ormation concerning	g this matter, please call:			
	_aurie Name o	Harrison Contact Person	at (847 Area Code	_) <u>380-3240</u> Daytime Teleph	one Number
Divis Regis P.O. 1	LING ADDRESS: ion of Corporations stration Section Box 6327 hassee, FL 32314			STREET ADDRESS Division of Corporati Registration Section Clifton Building 2661 Executive Cent	ons er Circle
	check for the follows 25.00 Filing Fee	ing amount: \$\Bigsireq \\$130.00 \text{ Filing Fee & Certificate of Status}\$	\$155.00 Filis	Tallahassee, FL 3230	0 Filing Fee, Certificate & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECT COMPANY TO TRANSACT BUS			S SUBMITTED TO REGISTE	ER A FOREIGN LIMITED LIABILIT
1(Name of Forei	gn Limited Liability Compan	y; must include "Limited L	iability Company," "L.L.C.,	," or "LLC.")
(If name unavailable, enter alt Liability Company," "L.L.C,"		purpose of transacting busin	ess in Florida. The alternate	e name must include "Limited
2	f which foreign limited liabil	3	7.0598897 (FEI number, if applica	able)
4	(Date first transacted (See sections 605.0904	business in Florida, if prior & 605.0905, F.S. to determ	to registration.) ine penalty liability)	<u> </u>
5.	630 D	undre Rd.	Suite 130	
		tbrock, I	L. 60062	SECRE J
6		5 mil	1189-1-marile	— 14 29 — 14 29
7.31		niling Address)		
7. Name and street address Name:	SHARON M	· —	ptable)	\$\frac{1}{2} \frac{1}{2} \frac
Office Address:	2247 ISLE	WORTH CIR		1
	THE VILLA	GES	, Florida <u>3216</u> 3	<u>3</u>
designated in this applicati	ance: istered agent and to acception, I hereby accept the apens of all statutes relative to a position as registered appropriate the appropriate and a position as registered appropriate the appropriate appropriate and appropriate appr	ot service of process for oppointment as registered to the proper and complete to the process for the proce	the above stated limited is agent and agree to act is act only discovered to the contract of my discovered to the contract of	liability company at the place n this capacity. I further agre uties, and I am familiar with a
8. The name, title or capac	·		ority to manage is/are:	- 60062
	f which it is organized. (If bmitted) Sig in accordance with section	the certificate is in a for th	eign language, a translations son a Statutes. I am aware tha	
	Hei Typ	ed or printed name of signs	e e	



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

GOVHR USA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 10, 2009, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set when we hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH day of JUNE A.D. 2016.

Authentication #: 1618001578 verifiable until 06/28/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE