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COVER LETTER

TO:

Registration Section

Division of Corporations	•
SUBJECT: PPL Group LLC Name of Lin	nited Liability Company
The enclosed "Application by Foreign Limited Liability Compan	y for Authorization to Transact Business in Florida," Certificate of eed foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the fol	llowing:
Laurie Spear	e of Person
PPL GROUP LLC	/Company
105 Revere DRIVE	2 SUITE C
North brook, TL City/State	
Laurie @ Pplaroupl E-mail address: (to be used for	or future annual report notification)
For further information concerning this matter, please call:	laurce pplgrouplic.com
Laurie Spear a	at (224) 927-5320 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
, ,	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate 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 P COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. PPL GROUP LLC	OREIGN LIMITED LIABILITY
(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 Liability Company," "L.L.C," or "LLC.")	
2. Tilinois (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36-4544656 (FEI number, if applicable)	
4. Planon 9 13 2016 (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5. 105 Revere Dr., Suite C	
Northbrook, IL 60062 (Street Address of Principal Office)	
6. same as above	
(Mailing Address)	
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	6
Name: Steve Muslin	5
Office Address: 4941 NE 29th Ave.	
Lighthouse Point, Florida 33064 (Zip code)	FIGURE D
Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liabili designated in this application, I hereby accept the appointment as registered agent and agree to act in this to complywith the provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as residered agent.	capacity. I further agree
(Replatered agent's signature)	
8. The name, title or capacity and address of the perion(s) who has/have authority to manage is/are:)
Joel Bersh, PPL Group LLC Parthey Executive Vice & 105 Revere DR. SUITE C	<u>residu</u> nt
Northbrook, IL 60062	
O. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having control 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1	
JOEL L. Bersh Typed or printed name of signee	

File Number

0109706-7



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

PPL GROUP LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 22, 2004, 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 my hand and cause to be affixed the Great Seal of the State of Illinois, this 2ND day of AUGUST A.D. 2016.

Authentication #: 1621501594 verifiable until 08/02/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE