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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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COVER LETTER

TO:

Registration Section

Divisior	of Corporations						
BL SUBJECT:	ACKBUCK INSIGHTS LLC						
Name of Limited Liability Company							
	pplication by Foreign Limited Liability Comp neck are submitted to register the above refere						
Please return all	correspondence concerning this matter to the	following:					
	VIJAYSEN YELLAREDDIGARI						
	N	ame of Person					
	CHUGH LLP						
Firm/Company							
295 PIERSON AVENUE							
Address							
	EDISON, NJ 08837						
	City/S	tate and Zip Code					
	VIJAYSEN.YELLAREDDIGARI@CHUGH	н.сом	SECT SECT				
-	E-mail address: (to be used	d for future annual report not	ification)				
For further inform	mation concerning this matter, please call:		ification) 08 Time Telephone Number 2: 57				
VIJAY	SEN YELLAREDDIGARI	732 662-15	08 PH 2				
	Name of Contact Person		time Telephone Number				
Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314	Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section				
	eck for the following amount: .00 Filing Fee \$\square\$ \$\\$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:

, BLACKBUCK INSIGI	HTS LLC			
1.	ign Limited Liability Company; mus	t include "Limited Lia	bility Company," "L.L.C.," or "	LLC.")
BLACKBUCK LLC				
(If name unavailable, enter al Linbility Company," "L.L.C,"	ternate name adopted for the purpose or "LLC.")	-	s in Florida. The alternate name	: must include "Limited
2. ILLINIOS		3. 81-1759113		
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicable)	
4. 08/08/2016		7 19 31 18 5		
	(Date first transacted busine) (See sections 605.0904 & 605.0	is in Plotida, il prior to 0905, F.S. to determin	e penalty liability)	
5. 49 JARNAM PLACE,	BRIDGEWATER, NEW JERSE	Y 08807		
	(Street Address of P	rineinal Office)		
49 IARNAM PLACE.	BRIDGEWATER, NEW JERSE			
6. 49 JAKNAM PLACE,				
				· · · · · · · · · · · · · · · · · · ·
	(Mailing A	vidress)		SE
7. Name and street addres	s of Florida registered agent: (P.	O. Box <u>NOT</u> accept	able)	CS Z T
Name:	REGISTERED AGENTS LEG	AL SERVICES,LLC	<u>;</u>	記って
Office Address:	155 OFFICE PLAZA, DRIVE,	SUITE A	_	設置一四
	TALLAHASSEE		, Florida 32301	型。国
	(City)		(Zip code)	97 2
designated in this applica to complywith the provisi	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the pay position as registered agent.	ment as registered a	gent and agree to act in this	capacity. I further agree
-	ncity and address of the person(s) MBER, 49 JARMAN PLACE BR		· •	
	PALANIVELU, MEMBER, 396			
ILLINIOS 60192			····	
	6		gn language, a translation of	
This document is executed	in accordance with section 605.0	•		false information
submitted in a document to	the Department of State constitut	ies a third degree feld	ony as provided for in s.817.1	155, P.S.

VIJAYSEN YELLAREDDICARI, ESQ.

Typed or printed name of signee

File Number

0565056-9



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

BLACKBUCK INSIGHTS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 09, 2016, 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 9TH day of AUGUST A.D. 2016.

Authentication #: 1622202232 verifiable until 08/09/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE