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(Requestor's Name)								
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PICK-UP WAIT MAIL								
(Business Entity Name)								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
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SEP 3 0 2016 S. YOUNG



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195									
REFERENCE : 216979 7120944									
AUTHORIZATION: MILLERAN									
COST LIMIT : \$ 763.75									
ORDER DATE : July 14, 2016 ORDER TIME : 2:46 PM									
ORDER NO. : 216979-025									
CUSTOMER NO: 7120944									
FOREIGN FILINGS									
NAME: CLOUDCRAZE SOFTWARE LLC									
XXXX QUALIFICATION (TYPE: LL)									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING									
CONTACT PERSON: Courtney Williams EXT# 62935									

EXAMINER:

COVER LETTER

TO:	Registration Sec Division of Corp					
SUBJE		Software LLC				
осыс	у	-				
The enc Existence	losed "Application ce, and check are s	n by Foreign Limited Liability Co submitted to register the above re	ompany for Authorization to ferenced foreign limited liabi	Transact Business in Florida, lity company to transact busi	" Certificate of ness in Florida	
Please r	eturn all correspor	ndence concerning this matter to	the following:			
			Name of Person		_	
	Corpora	ation Service Company				
			Firm/Company	A CONTRACTOR OF THE CONTRACTOR	-	
~-					<u>ن</u> ر	
			Address		SEP	
	*****************	Cin	y/State and Zip Code		. 8	
		ол <u>,</u>	y court and hip court			
			ised for future annual report of	otification)	6: 02	
For furth	er information co	ncerning this matter, please call:				
	Paul Weinewuth	Name of Contact Person	at ()	aytime Telephone Number		
				•		
	MAILING ADD Division of Corpo			ET ADDRESS: n of Corporations		
Registration Section			Registr	Registration Section		
	P.O. Box 6327 Tallahassee, FL 3	2314	2661 E	Building xecutive Center Circle ssee, FL 32301		
Anclosed	tie a charb for the	following amount:	,			
	\$125.00 Filing		□ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, C of Status & Certified Co		

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

IN COMPLIANCE IVITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	eign Limited Liability Company; must	inclu	de "Limited Lini	pility Company." "L	.L.C.," or "LLC.")	
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of "LLC.")	of tra	nsacting busines	s in Florida. The alt	ernate name must	include "Limit	ted
2. Delaware		7	47-4447718				
(Jurisdiction under the law of which foreign limited liability				(FEI number, if a	pplicable)	<u></u>	
company is organized) A 08/01/2015							
4, 00/01/2013	(Date first transacted business	in F	orida, if prior to	registration.)			
5. 101 N. Wacker Drive,	(See sections 605.0904 & 605.09 Suite 110	905, 1	r.S. to determine	penalty liability)			
Chicago, IL 60606							
	(Street Address of Pr	incip	d Office)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · ·		13471
6. 101 N. Wacker Drive,	Suite 110					ਰ	
Chicago, IL 60606						SEP	. fi
	(Mailing Ac	idress	s)			529	
7. Name and street addres	s of Florida registered agent: (P.O	. Bo	k NOT accepta	ible)			1
Name:	Corporation Service Company			,		票 。	
Office Address:	1201 Hays Street			•): 02	· - 1
Office Address:	Tallahassee			32301		, 0	•
	(City)			, Florida <u>32301</u> (Zip	code)		
designated in this applicate to comply with the provision	tance: gistered agent and to accept service flon, I hereby accept the appointm ons of all statutes relative to the pr my position as registered agent. Corporation Service Company By:	ent a oper	is registered ug	ent and agree to	act in this capac ny duties, and I	city. I further am familiar y William	r agree with and IS
		ed age	ent's signature)		- Assi	S Liborar	21
8. The name, title or capa	city and address of the person(s) w	ho h	as/have authori	ty to manage is/ar	e:		
•	Meinber, 520 Lake Cook Road, Sui			, .	•		
	Member, 101 N. Wacker Drive, St				** **		
30 10 10 10 10 10 10 10 10 10 10 10 10 10			10, 00.0050, 1		·····		
						 -	
	of existence, no more than 90 days of which it is organized. (If the cert ibmitted)						
	Cinnon		Uhorized assets				
	-		ithorized person				
	in accordance with section 605.020 the Department of State constitute						

Typed or printed name of signee

Paul Weinewuth, Manager

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLOUDCRAZE SOFTWARE 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-SIXTH DAY OF SEPTEMBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLOUDCRAZE SOFTWARE LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF JUNE, A.D. 2015.

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

EP 29 AH 8: UZ



Authentication: 203060722

Date: 09-26-16

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