

M16000010009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400291942934

DEC 14 2016
S. YOUNG

RECEIVED
DEPARTMENT OF
16 DEC 13 PM 4:18

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC 13 AM 8:01

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 409411 4359881
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

ORDER DATE : December 12, 2016

ORDER TIME : 3:42 PM

ORDER NO. : 409411-005

CUSTOMER NO: 4359881

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
16 DEC 13 AM 8:01

FOREIGN FILINGS

NAME: PROVIDENCE MANAGEMENT COMPANY,
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: Melissa Zender -- EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROVIDENCE MANAGEMENT COMPANY, 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:

CARLOS E. MORALES

Name of Person

PATZIK, FRANK & SAMOTNY LTD

Firm/Company

150 SOUTH WACKER DRIVE, SUITE 1500

Address

CHICAGO, IL 60606

City/State and Zip Code

CMORALES@PFS-LAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS E. MORALES

at (312)

551-3095

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

16 DEC 13 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. PROVIDENCE MANAGEMENT COMPANY, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Providence Management Company - FL, 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. ILLINOIS

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 36-4334227

(FEI number, if applicable)

4. N/A

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

5. 1247 WAUKEGAN ROAD, SUITE 200

GLENVIEW, IL 60025

(Street Address of Principal Office)

6. 1247 WAUKEGAN ROAD, SUITE 200

GLENVIEW, IL 60025

(Mailing Address)

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Corporation Service Company

By:

(Registered agent's signature)

Melissa Zender
Asst. Vice President

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

ALAN H. POLLACK, Manager

1247 WAUKEGAN ROAD, SUITE 200

GLENVIEW, IL 60025

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.

CARLOS E. MORALES

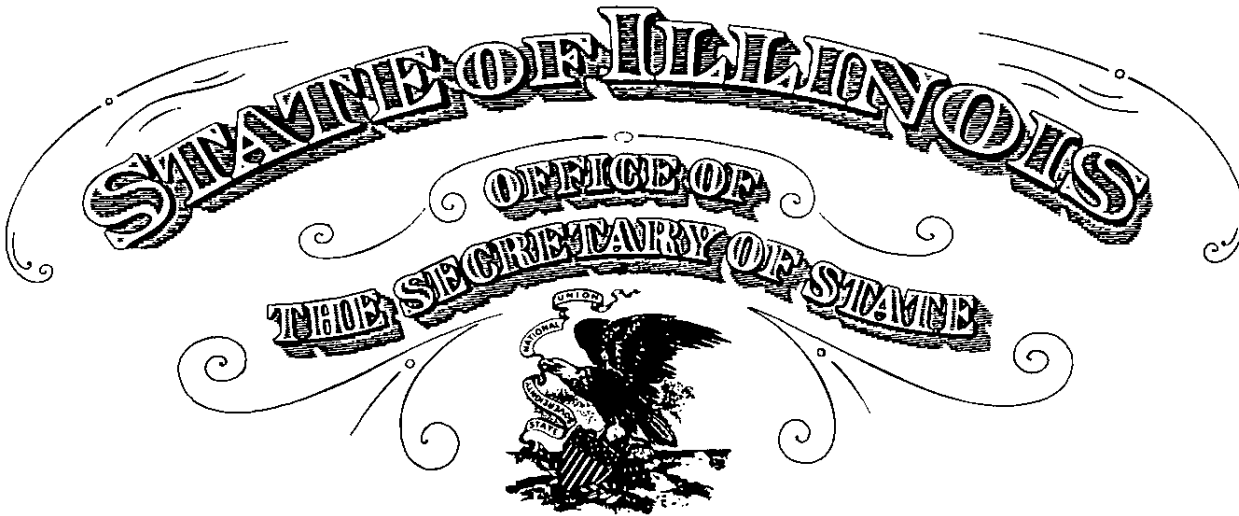
Typed or printed name of signee

16 DEC 13 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

0032596-1



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

PROVIDENCE MANAGEMENT COMPANY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 17, 1999, 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 OF THE STATE OF ILLINOIS.

16 DEC 19 2AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 DECEMBER A.D. 2016 .

Jesse White

SECRETARY OF STATE

Authentication #: 1633701370 verifiable until 12/02/2017

Authenticate at: <http://www.cyberdriveillinois.com>