Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number ; (850)617-6383	REC 29 A
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	F STATE

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

Foreign Limited Liability Company BLAKELY CAPITAL LLC

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	Blakely Capital LLC	·			
00000		ted Liability Company			
The end Existen	nclosed "Application by Foreign Limited Liability Company ence, and check are submitted to register the above reference	for Authorization to Transact Business in Florida," Certificate of d foreign limited liability company to transact business in Florida			
Please r	e return all correspondence concerning this matter to the follo	owing:			
	Krista H	artwell			
	Name of Person				
	Winston & Strawn LLP				
	Firm/Company				
	35 West Wacker Drive				
	Ac	idress			
	Chicago, IL 60601				
	City/State and Zip Code				
	khartwell@winston.com				
	E-mail address: (to be used for	future annual report notification)			
For furt	rther information concerning this matter, please call:	,			
	Paige D. Stepan	312 558-6350			
	Name of Contact Person	Area Code Daytime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tullahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclose		\$155.00 Filing Fee & \$\Bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy			

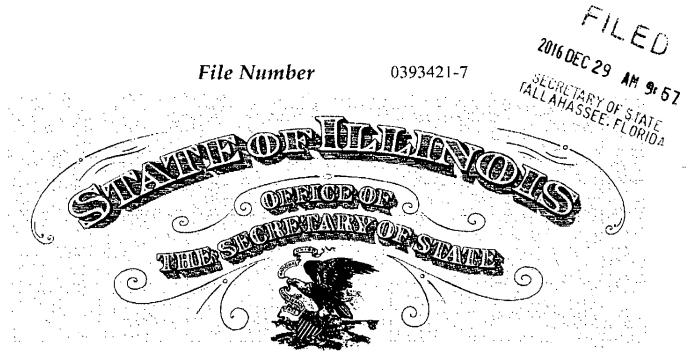
To:

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: Blakely Capital LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company." "L.L.C.," or "LLC.") N/A (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.") Applied For Illinois (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) Upon Filing (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1285 Gulf Shore Boulevard North, Apt. 3A, Naples, FL 34102 (Street Address of Principal Office) P.O. Box 3249, Naples, FL 34106 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation (City) 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 complywith 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. C T Corporation System (Registered agent's signature) Assistant Secretary 8. The name, title or capacity and address of the person(s) who has/have authority to manage Bruce W. Duncan, Manager, 1285 Gulf Shore Boulevard North, Apt. 3A, Naples, FL 34102 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.

Bruce W. Duncan, Manager Typed or printed name of signee



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

BLAKELY CAPITAL LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 22, 2012, 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 29TH day of DECEMBER A.D. 2016.

Authentication #: 1636401678 verifiable until 12/29/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE