Division of Corporations



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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number **Enter the email address for this business entity to be used for annual report mailings. Enter only one email address pleaser: Email Address: Foreign Limited Liability Company ćό First Course, LLC Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$155.00

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D. BRUCE MAR 1 4 2017

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

FIRST COURSE, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC,"		TION 605.0002, FLORIDA STATUTES), THE FO ISINESS IN THE STATE OF FLORIDA:	OLLOWING IS SUBMITTED TO REGI	STER A FOREIGN LIMITED ITABILITY
If numbe unuvaliable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LL.C," or "L.C," or "	FIRST COURSE, LLC		,	
DELAWARE (Durisdictors under the 1sw of which foreign limited liability company is organized) (ON REGISTRATION (Date list manuscated business in Florida, if prior to registerion.) (See sections 605.0964 & 605.0905, F.S. to determine penalty hability) 5. 9399 WEST HIGGINS ROAD, SUTTE 500 ROSEMONT, IL 60018 (Street Address of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent; (P.D. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road 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 p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complewith the provisions of all stantaes relative to the proper and complete performance of my duties, and I am familiar in accept the obligations of this stantaes relative to the proper and complete performance of my duties, and I am familiar in accept the obligations of the provision as registered agent. (Reference agent's signature) 8. The name, (title or capacity and address of the person(s) who has/have authority to manage is/arc:	(Name of Fore	ign.Limited Liability Company; must include	e Limited Liability Company," L.L.	.Ç.," or "[J.C."]
(Date hist transacted basicess in Plorida, it prior to registration.) (Date hist transacted basicess in Plorida, it prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty hability) (See sections 603.0904 & 605.0905, F.S. to determine penalty hability) (Sirect Addiess of Principal Office) (Sirect Addiess of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent; (P.D. Box NOT acceptable) Name: Office Address: (CT Corporation System 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 pensing attend in this application, I fairther to complewith the provisions of all statutes relative to the proper and complete performance of my duther, and I am familiar in accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:	Liability Company," 'L.L.C.'	ternate name adopted for the purpose of transfor "LLC.")	sacting business in Florida. The altern	nate name must include "Limited
(Date hist transacted basicess in Plorida, it prior to registration.) (Date hist transacted basicess in Plorida, it prior to registration.) (See sections 603.0904 & 605.0905, F.S. to determine penalty hability) (See sections 603.0904 & 605.0905, F.S. to determine penalty hability) (Sirect Addiess of Principal Office) (Sirect Addiess of Principal Office) (Mailing Address) 7. Name and street address of Florida registered agent; (P.D. Box NOT acceptable) Name: Office Address: (CT Corporation System 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 pensing attend in this application, I fairther to complewith the provisions of all statutes relative to the proper and complete performance of my duther, and I am familiar in accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:	DELAWARE		52-2314268	
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Some stated agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the p designated in this application. I hereby accept the appointment as registered agent and to make the provisions of all stations relative to the proper and complete performance of any dutter, and I am funditure accept the obligations of my position as registered agent. 8. The name, title or espacity and address of the person(s) who has/have authority to manage is/are:	4. ON REGISTRATION			
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(Mailing Address) ROSEMONT, II, 60018 (Mailing Address) 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: 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 president in this application, I hereby accept the appointment as registered agent and agency. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent. S. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	9 7		The state of the s	
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ROSEMONT, II. 60018 (Mading Address) 7. Name and street address of Florida registered agent; (P.O. Box NOT acceptable) Name: Office Address: 1200 South Pine Island Road Plantation Plantation (City) (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 p designated in this application. I hereby accept the appointment as registered agent and agree (o act in this capacity: I further to complywith the provisions of all statutes relative to the proper and complete performance of my dutles, and I am familiar mackets the obligations of my position as registered agent. James M. Halpin Assistant Secretary (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc:	ด้าอด พระสามารักเพร		(Office)	me III
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7. Name and steed address of Florida registered agent; (P.O. Box NOT acceptable) Name: 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 p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of any duties, and I am familiar a accept the obligations of my position as registered agent. Some of the provisions of the provision of the proper and complete performance of any duties, and I am familiar a accept the obligations of my position as registered agent. Assistant Secretary (Registered agent's signature)	ROSEMONT, IL 6001	8		(유턴 역
Name: Office Address: 1200 South Pine Island Road		(8) Address (8))	2
Office Address: Plantation Florida 33324	7. Name and steet address	is of Florida registered agent; (P.O. Box	NOT acceptable)	** *
Plantation (City) (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 p designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am fumiliar mackept the obligations of my position as registered agent. James M. Halpin Assistant Secretary (Refinered agent's signature)	Name:	C T Corporation System	·	
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(Refinered agent's signature) 8. The name, title or enpacity and address of the person(s) who has/have authority to manage is/are:	Having been named as re designated in this applica to complywith the provisi	gistered agent and to accept service of j within, I hereby accept the appointment a lons of all statutes relative to the proper	is registered agent and agree to a and complete performance of a James M.	ict in this capacity. I further agree by dutles, and I am familiar with und Halpin
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	8. The name, title or can	acity and address of the person(s) who is	as/have authority to manage is/are	e :
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9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a wanslation of the certificate under	9. Attached is a certificate	e of existence, no more than 90 days old,	duly authenticated by the official	i having custody of records in the
of the translator must be submitted)			ue 19 ai a forestii tantantiee a rum	mation in the certificate butter pain

This document is executed in accordance with section 605,0203 (1) (b), Plorida 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.

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

DELAWARE, DO HEREBY CERTIFY "FIRST COURSE, 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 TENTH DAY OF MARCH, A.D. 2017.

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

3320091 8300

SR# 20171722012

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202179884

Date: 03-10-17