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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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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Foreign Limited Liability Company Edward Don & Company, LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$125.00

HONOR ORIGINAL SUBMISSION DATE OF 3/9/20

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Help

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY/OTRANSACT BUSINESS INTITIE STATE OF FLORIDA: EDWARD DON & COMPANY, LEC-(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.," (If name mavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Eightlity Company," "L.L.C," or "LLC"): 2 DELAWARE 36-2081964 Ourisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.). (See sections 605,0904 & 605,0905, F.S. to determine penalty finhality) 980F ADAM DON PARKWAY WOODRIDGE, IL 60517 (Street Address of Principal Office) 9801 ADAM DON PARKWAY WOODRIDGE, IL 60517 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) NRATServices Inc. Name: 1200 South Pine Island Road Office Address: Plantation (Cits) 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 of process for the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated limited liability company at the place of the above stated liability company at the above stated liability at the above stated liability designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 2 to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia with an of accept the obligations of my position as registered agent. Leta Singleton
(Registered agent's signature) 8. The name, (title or capacity and address of the person(s) who has/have authority to manage is/are: MANAGER-DCHCO, INC., 9801 ADAMDONPARKWAY, WOODRIDGEIL 60517

9. Aftirched 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 onth of the translator must be submitted)

Signatury of an authorized person

This document is executed in a coordance with section 505.0203-(1) (b), Fforida 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.

JAMES P. JONES, EXECUTIVE VICE PRESIDENT OF MANAGER

Typed of printed name of signed

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EDWARD DON & COMPANY, 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 SIXTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "EDWARD DON & COMPANY, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF JANUARY, A.D. 2017.

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

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SR# 20171619966

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

Authentication: 202149558

Date: 03-06-17

To: Page 3 of 5

2017-03-20 10 12:04 CST

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Fax Server



March 16, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: EDWARD DON & COMPANY, LLC

REF: W17000022642

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II FAX Aud. #: H17000066659 Letter Number: 917A00005060