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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | · |
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Office Use Only



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2017 AUG -8 AM 8: 4

K. SALY AUG - 9 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 758381 5042630

AUTHORIZATION

COST LIMITY 1: \$ 125.000

ORDER DATE : August 8, 2017

ORDER TIME : 11:41 AM

ORDER NO. : 758381-005

CUSTOMER NO: 5042630

FOREIGN FILINGS

NAME: 26588BH, 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: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: | 26588BH, LLC | Name of | Limited Liability Comp | any | |
|-------------------|--|---|---|--|----|
| | | | | o Transact Business in Florida," Certificability company to transact business in F | |
| Please return | all correspondence | concerning this matter to the | following: | | |
| | David R. Stal | lter | | | |
| | | N | ame of Person | | |
| | Lillig & Thor | sness, ltd. | | | |
| | | F | inn/Company | | |
| | 1900 Spring F | Road, Suite 200 | | | |
| | | | Address | | |
| | Oak Brook, II | _ 60523 | | | |
| | | City/S | tate and Zip Code | | |
| | dstallter@lillig | law.com | | | |
| | | E-mail address: (to be used | d for future annual repo | rt notification) | |
| For further is | iformation concernii | ng this matter, please call: | | | |
| D | avid R. Stallter | | 630 5 | 571-1900 | |
| | Name | of Contact Person | Area Code | Daytime Telephone Number | |
| Div Reg P.O | ision of Corporation istration Section Box 6327 ahassee, FL 32314 | | Div Reg Clif 266 | REET ADDRESS: ision of Corporations istration Section ton Building 1 Executive Center Circle ahassee, FL 32301 | |
| | check for the follow 125.00 Filing Fee | ving amount: \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fed Certified Copy | e & \$160.00 Filing Fee, Certificat of Status & Certified Copy | .e |

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;

| f name massailable enter alconice | ame adopted for the purpose of transacting busine | es in Elegate 191 | | 21.0° 0.0° 0.0° 0.0° 0.0° 0.0° 0.0° 0.0° | |
|--|--|---|--|---|--|
| Illinois | and adopted for the purpose of transacting busine | ss in Florida. The alternate i | | nability Company," "L L.C," or "LLC.") | |
| | high foreign limited liability company is organized | 3. | | nber, if applicable) | |
| July 14, 2017 | | | | | |
| · | (Date first transacted business in Florida, if (See sections 605 0904 & 605 0905, F.S. ic | prior to registration) | | | |
| 5 Knollwood Drive | race sections one panet of one takens? If a 10 | | nollwood Drive | | |
| (Sueet Address of Principal Office) Flossingor, IL, 60422 | | 6 | 6. (Mailing Address) Flossmoor, IL 60422 | | |
| | | Flos | | | |
| | | <u></u> | | 20 = | |
| | | | | 27 6 | |
| Name and street addres | s of Florida registered agent: (P.C |), Box <u>NOT</u> accept | able) | 25.55 10.55 | |
| Name: | Corporation Service Company | | _ | ST 2 | |
| Office Address: | 1201 Hays Street | | | 7.0 0 | |
| Office Address. | Tallahassee | | | 灵王 - | |
| | (City) | | Florida(Zip co | <u>5</u> r - | |
| gistered agent's accep- | | | (Др сс | NG) | |
| | NΛ | | _ _ | Melissa Zender | |
| | (Rayivere | agent's signature) | <u></u> | Asst. Vice President | |
| The name, title or cana | | , | rity to manage is/are: | | |
| The name, title or capa <u>Title or Capacity:</u> | (Registered) | vho has/have author | rity to manage is/are: | | |
| | icity and address of the person(s) v | vho has/have author | | Asst. Vice President | |
| Title or Capacity: | icity and address of the person(s) w Name and Address: Steven J. Riordan 5 Knollwood Drive | vho has/have author | | Asst. Vice President | |
| Title or Capacity: | icity and address of the person(s) w Name and Address: Steven J. Riordan | vho has/have author | | Asst. Vice President | |
| Title or Capacity: | icity and address of the person(s) w Name and Address: Steven J. Riordan 5 Knollwood Drive | vho has/have author | | Asst. Vice President | |
| Title or Capacity: | icity and address of the person(s) w Name and Address: Steven J. Riordan 5 Knollwood Drive | vho has/have author | | Asst. Vice President | |
| Title or Capacity: Manager | Name and Address: Steven J. Riordan 5 Knollwood Drive Flossmoor, 1L 60422 | vho has/have author | | Asst. Vice President | |
| Title or Capacity: Manager | Name and Address: Steven J. Riordan 5 Knollwood Drive Flossmoor, 1L 60422 | vho has/have author | | Asst. Vice President | |
| Title or Capacity: Manager Jse attachments if necess Attached is a certificate | Steven J. Riordan 5 Knollwood Drive Flossmoor, IL 60422 sary) of existence, no more than 90 days | who has/have author Title or | Capacity: | Name and Address: | |
| Title or Capacity: Manager Ise attachments if necess Attached is a certificate isdiction under the law of | Steven J. Riordan 5 Knollwood Drive Flossmoor, IL 60422 Sary) of existence, no more than 90 days of which it is organized. (If the cer | who has/have author Title or | Capacity: | Name and Address: | |
| Title or Capacity: Manager Jse attachments if necess Attached is a certificate risdiction under the law of the translator must be su | Steven J. Riordan 5 Knollwood Drive Flossmoor, IL 60422 Sary) of existence, no more than 90 days of which it is organized. (If the certbmitted) | s old, duly authentic | Capacity: cated by the official h gn language, a transla | Name and Address: | |
| Title or Capacity: Manager Jse attachments if necess Attached is a certificate risdiction under the law of the translator must be sure. This document is executed. | Steven J. Riordan 5 Knollwood Drive Flossmoor, IL 60422 sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted) ated in accordance with section 60: | s old, duly authentic | Capacity: cated by the official h gn language, a transla | Name and Address: Saving custody of records in the stion of the certificate under care that any false information | |
| Title or Capacity: Manager Jse attachments if necess Attached is a certificate risdiction under the law of the translator must be sure. This document is executed. | Steven J. Riordan 5 Knollwood Drive Flossmoor, IL 60422 Sary) of existence, no more than 90 days of which it is organized. (If the certbmitted) | s old, duly authentic | Capacity: cated by the official h gn language, a transla | Name and Address: Saving custody of records in the stion of the certificate under care that any false information | |
| Title or Capacity: Manager Jse attachments if necess Attached is a certificate is diction under the law of the translator must be sue. This document is exect | Steven J. Riordan 5 Knollwood Drive Flossmoor, 1L 60422 sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted) ated in accordance with section 602 the Department of State constitute | s old, duly authentic tificate is in a foreign | Capacity: Cated by the official high language, a translatida Statutes. I am awayny as provided for in | Name and Address: Saving custody of records in the stion of the certificate under care that any false information | |
| Title or Capacity: Manager Jse attachments if necess Attached is a certificate risdiction under the law of the translator must be sure. This document is executed. | Steven J. Riordan 5 Knollwood Drive Flossmoor, 1L 60422 sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted) ated in accordance with section 602 the Department of State constitute | s old, duly authentic | Capacity: Cated by the official high language, a translatida Statutes. I am awayny as provided for in | Name and Address: Saving custody of records in the stion of the certificate under care that any false information | |
| Title or Capacity: Manager Use attachments if necess Attached is a certificate risdiction under the law of the translator must be sue. This document is exect | Steven J. Riordan 5 Knollwood Drive Flossmoor, 1L 60422 sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted) ated in accordance with section 602 the Department of State constitute | s old, duly authentic tificate is in a foreign term degree felo | Capacity: Cated by the official high language, a translatida Statutes. I am awayny as provided for in | Name and Address: Saving custody of records in the stion of the certificate under care that any false information | |



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

26588BH, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 23, 2017, 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 7TH day of AUGUST A.D. 2017.

Authentication #: 1721902208 verifiable until 08/07/2018
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE