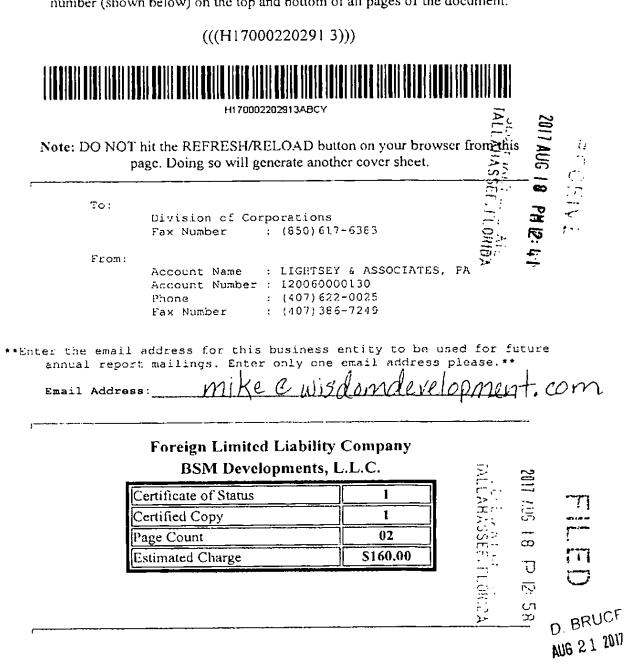
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



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

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. BSM DEVELOPMENTS, L.L.C. (Name of Foreign Limited Liability Company, must include "Limited Liability Company," L.L.C.," or "LLC.") (If name unavailable, onter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 3. 36-4157742 2. Illinois (FEI number, if applicable) (Jurisdiction under the law of +hich foreign limited hability company is organized) (Date that transacred business in Florids, if prior to registration.)
(See acctions 605,0904 & 605,0905, F.S. to determine penalty liability) 405 SW Commercial Street 405 SW Commercial Street (Mailing Address) (Street Address of Principal Office) Peoria, IL 61602 Peoria, IL 61602 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Lightsey & Associates, P.A. Atm: Alton L. Lightsey Name: 2105 Park Avenue North Office Address: _ , Florida <u>327</u>89 Winter Park 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Michael J. Wisdom Manager 405 SW Commercial Street Peoria, IL 61602 Ð (Use attachments if necessary) 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

Michael S. Wisslom.

Typed or printed name of signed

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

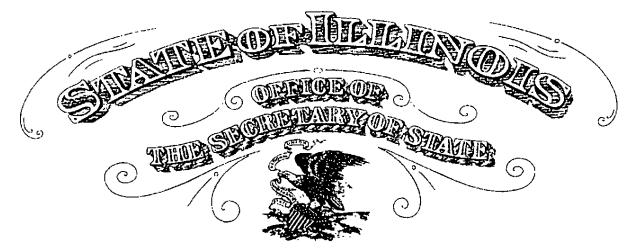
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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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

BSM DEVELOPMENTS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 07, 1997, 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.



From: LIGHTSEY & ASSOCIATES PA

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this A.D.2017 . day of **AUGUST**

Authentication #: 1722901122 verifiable until 08/17/2018

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

SECRETARY OF STATE