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Y SULTER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : , 841109) 4306193

AUTHORIZATION : The Man

COST LIMIT : \$ 155.00

ORDER DATE: September 29, 2017

ORDER TIME : 12:13 PM

ORDER NO. : 841109-005

CUSTOMER NO: 4306193

FOREIGN FILINGS

NAME: LUMENIER HOLDCO LLC

 \underline{XXXX} QUALIFICATION (TYPE: \underline{LL})

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporatio	ns						
SUBJE	Lumenier Holdeo L	LC						
		Name of l	Limited Liability	Company				
The enc Existence	losed "Application by Fo	reign Limited Liability Comp ed to register the above refere	pany for Authoriza enced foreign limi	ition to Tra ted liability	nnsact Business in Flo company to transact	orida," Co busines	ertificat s in Flo	e of rida.
Please r	eturn all correspondence	concerning this matter to the	following:					
	Eileen Downes	;						
		N	eme of Person					
	Katten Muchin	Rosenman LLP						
		Fi	rm/Company				t-	
	525 W Monroo	: Sı				· · · · · · · · · · · · · · · · · · ·	17 SEP 29 AM 8: 49	
			Address				(C)	
	Chicago, IL 60	661					A	
		City/S	tate and Zip Code	•		Circle	ထ္	٠
	PBronsteatter@j	_					Ē	
	~	E-mail address: (to be used	for future annua	report not	ification)			
For furth	ner information concerning	g this matter, please call:						
	Eileen Downes		312 at(577-82	•			
	Name o	of Contact Person	Area Codo	Day	time Telephone Num	ber		
	MAILING ADDRESS: Division of Corporation: Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding centive Center Circle ee, FL 32301			
Enclosed	d is a check for the follow ☐ \$125.00 Filing Fee	ring amount: \$\Bigsize \text{\$\exitt{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\exitt{\$\text{\$\text{\$\text{\$\}}\$\text{\$\text{\$\texitt{\$\exitt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\e	■ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing F of Status & Certifie		ficate	

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:

Delaware		MARKET THE RECEIPTED HOUSE TRADE HICKORY CANTER	d Liability Company," "L. L.C," or "LLC.")
D 010 11 01 0			
(Jurisiliation under the law of	hich foreign lumited liability company is organized)	3	number, if applicable)
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior t	o revistration)	·
	(See sections 605.0904 & 605.0905, F.S. to deten	mine penalty liability)	
300 N. LaSalle St., S		6. 300 N. LaSalle St., Ste	. 5400
(Sincer Address of Chicago, IL 60654	Principal Office)	Chicago, IL 60654	g Address)
Chicago, 12 00054	<u> </u>	Cincago, 12 doos4	
	- · · · · · · · · · · · · · · · · · · ·		
			7.5
Name and street addre	<u>ss</u> of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	
Name:	Corporation Service Company		9587 23 195888
	1201 Hays Street		· · · · · · · · · · · · · · · · · · ·
Office Address:	1201 Hays Silect		
	Tallahassec		·
	i allallassee	, Florida 32301	φ. α
ving been named as r iignated in this applic comply with the provi	(City) otance: egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the propens of my position as registered agent. Corporation Service Company	process for the above stated lim as registered agent and agree to	nited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi
wing been named as r signated in this applic comply with the provis	(City) otance: egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the prope us of my position as registered agent.	process for the above stated lim as registered agent and agree to ar and complete performance of	nited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi
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aving been named as resignated in this applic comply with the provised accept the obligation. The name, title or capacity:	otance: egistered agent and to accept service of ation, I hereby accept the appointment tions of all statutes relative to the propers of my position as registered agent. Corporation Service Company (Registered agent) (Registered agent) Active and address of the person(s) who have and Address:	process for the above stated limas registered agent and agree to er and complete performance of signature) as/have authority to manage is/as Title or Capacity:	nited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi Roxanne Asst. Vice Pare:
wing been named as r signated in this applic comply with the provid d accept the obligation The name, title or cap	otance: egistered agent and to accept service of ation, I hereby accept the appointment tions of all statutes relative to the propers of my position as registered agent. Corporation Service Company (Registered agent) (Registered agent) Active and address of the person(s) who have and Address:	process for the above stated limas registered agent and agree to er and complete performance of signature) ass/have authority to manage is/as Title or Capacity: Manager	nited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi Roxanne Asst. Vice Pare: Name and Address: David H. Johnston
aving been named as resignated in this applic comply with the provised accept the obligation. The name, title or capacity:	otance: egistered agent and to accept service of ation, I hereby accept the appointment itons of all statutes relative to the propers of my position as registered agent. Corporation Service Company (Registered agent) (Registered agent) acity and address of the person(s) who hame and Address: Tim Nilson	process for the above stated limas registered agent and agree to er and complete performance of signature) ass/have authority to manage is/as Title or Capacity: Manager	nited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi Roxanne Asst. Vice Pare:
esignated in this applic comply with the provi- ad accept the obligation The name, title or cap <u>Title or Capacity:</u> President & Manage	cotance: egistered agent and to accept service of ation, I hereby accept the appointment ations of all statutes relative to the properties of my position as registered agent. Corporation Service Company (Registered agent) (Registered agent) And Address: Tim Nilson 300 N. LaSalle St., Ste. 5400 Chicago, IL 60654	process for the above stated limas registered agent and agree to er and complete performance of signature) as/have authority to manage is/as Title or Capacity: Manager	Roxanne Asst. Vice P Name and Address: David H. Johnston 300 N. LaSalle St., Ste. 5 Chicago, 1L 60654
wing been named as r signated in this applic comply with the provis d accept the obligation The name, title or cap Title or Capacity:	ctance: egistered agent and to accept service of ation, I hereby accept the appointment itons of all statutes relative to the propers of my position as registered agent. Corporation Service Company (Registered agent) acity and address of the person(s) who hame and Address: Tim Nilson 300 N. LaSalle St., Ste. 5400	process for the above stated limas registered agent and agree to er and complete performance of signature) mas/have authority to manage is/as Title or Capacity: Manager Vice President	nited liability company at the pla act in this capacity. I further a my duties, and I am familiar wi Roxanne Asst. Vice Pare: Name and Address: David H. Johnston 300 N. LaSalle St., Ste. 5

Typed or printed name of signee



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

DELAWARE, DO HEREBY CERTIFY "LUMENIER HOLDCO LLC" IS DULY FORMED

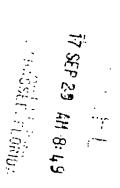
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-SEVENTH DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LUMENIER HOLDCO LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF SEPTEMBER, A.D. 2017.

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





Authentication: 203301602

Date: 09-27-17

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