(Requestor's Name)
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PICK-UP WAIT MAIL
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S. WARREN OCT 0 4 2017

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO: : 12000000195
REFERENCE : 829830 7238364
AUTHORIZATION :
COST LIMIT : \$ 125.00
ORDER DATE : September 21, 2017
ORDER TIME : 12:59 PM
ORDER NO. : 829830-030
CUSTOMER NO: 7238364
FOREIGN FILINGS
NAME: FS FINANCIAL SERVICES, 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: Melissa Zender EXT# 62956

COVER LETTER

	Division of Corporat	tions	1 			
SUBJECT	FS Financial Ser	vices, LLC				
JOBOLC.	*	Name of	Limit	ed Liability Company		
The enclose Existence,	sed "Application by and check are subm	Foreign Limited Liability Com itted to register the above refer	pany f enced	for Authorization to Tra foreign limited liability	insact Business in Florida," Certific company to transact business in Fl	ate of orida.
Please reti	urn all correspondenc	ce concerning this matter to the	follo	wing:		
	William I. C	Covey				
		N	ame c	of Person		
	GROWMAI	RK, Inc.				
		F	irm/C	ompany		
	1701 Towar	nda Avenue				
			Ad	dress		
	Bloomingto	n, 1L 61701				
		City/S	tate n	nd Zip Code		
	wcovey@gro					
		E-mail address: (to be use	d for	future annual report not	ification)	
For furthe	r information concer	ning this matter, please call:				
•	William I. Covey		at (309 557-62	92	
_	Nam	ne of Contact Person		Area Code Day	time Telephone Number	
E F	MAILING ADDREST Division of Corporati Registration Section P.O. Box 6327 Fallahassee, FL 3231	ons		Division Registrat Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FL 32301	
	is a check for the foll □ \$125.00 Filing Fee			\$155.00 Filing Fee & rtified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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: L FS Financial Services, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") 2. Delaware 37-0866640 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Date of filing (Date first transacted business in Florida, if peror to registration.) (See sections 605 0904 & 605 0905, F.S. to determine penalty (jability) 6. 1701 Towanda Avenue 1701 Towanda Avenue (Street Address of Principal Office) (Mailing Address) Bloomington, IL 61701 Bloomington, IL 61701 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee , Florida 32301 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. Melissa Zender Corporation Service Company By: Asst, Vice President (Registered agent's sign 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: See attached (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) 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. Wade Mittelstadt, Authorized Person

Typed or printed name of signee

Name of the State of the Name	Name The Control of t	å Address
Bostrom, Brent D.	Manager	1701 Towanda Avenue, Bloomington, IL 61701
Carroll, Kevin	Manager	1701 Towanda Avenue, Bloomington, IL 61701
Ericson, Brent	Manager	1701 Towanda Avenue, Bloomington, IL 61701
Kafer, Ann	Manager	1701 Towanda Avenue, Bloomington, IL 61701
Mittelstadt, Wade	Manager	1701 Towanda Avenue, Bloomington, IL 61701
Orr, Mark	Manager	1701 Towanda Avenue, Bloomington, IL 61701
Schmidt, Barry	Manager	1701 Towanda Avenue, Bloomington, IL 61701
Spradlin, James	Manager	1701 Towanda Avenue, Bloomington, IL 61701
Turner, Mike	Manager	1701 Towanda Avenue, Bloomington, IL 61701
Woods, Mike	Manager	1701 Towanda Avenue, Bloomington, IL 61701

FILED 17 001 -3 AM 9: T2

SECRETARY OF STATE

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FS FINANCIAL SERVICES, 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-FIRST DAY OF SEPTEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FS FINANCIAL SERVICES, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JUNE, A.D. 1965.

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

Authentication: 203270970

Date: 09-21-17

626912 8300 SR# 20176283649