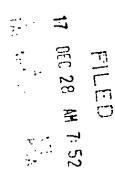
M17000010973

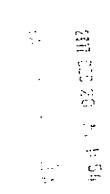
(Requestor's Name)
(Address)
(Address)
(15.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600306085786





J. LEGGETT DEC 2 9 2017





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12/28/2017	Account#: 120000000
Name: KENDALL HOWELL	
Reference #: G038639	
Entity Name: MAXIM ZENWISE OPC	CO, LLC
✓ Articles of Incorporation/Authorization to Tra	ansact Business
Amendment	
☐ Change of Agent	
Reinstatement	
Conversion	ISSUES - CALL KEN @ 518-213-0738
☐ Merger	310 213 0730
☐ Dissolution/Withdrawal	
Fictitous Name	
Other	
Authorized Amount: \$125.00 Signature:	

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MAXIM ZENWISE	OPCO, LLC						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Name of I	Limited Liability C	Company				
The enclose Existence, a	d "Application by For nd check are submitte	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limit	tion to Tra ed liability	insact Business in Florida," (company to transact busine	Certificate of ess in Florida.		
Please return	n all correspondence o	concerning this matter to the	following:					
	ELIZABETH I	3. ZYDEL						
	Name of Person							
			Address	_				
	CHICAGO, IL	60603						
		City/S	tate and Zip Code					
	EZYDEL@THC	MPSONCOBURN.COM						
		E-mail address: (to be used	f for future annual	report not	ification)			
For further i	nformation concernin	g this matter, please call:						
	ELIZABETH ZYDEL		312 at (580-23	36			
		of Contact Person	Area Code	Day	time Telephone Number			
Div Re _j P.C	MILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Hahassee, FL 32314	;		Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section uilding ecutive Center Circle sec. FL 32301			
	a check for the follow \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cer 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:

1(Name of Foreign	MAXIM ZENWISE O	PCO, LLC ed Liability Comp	any," "L. L. C.," or "LLC."))		
111	ame adopted for the purpose of transacting business in FI	-it-Th-th-mat-		hile Common " " I		•••
		onua i ne alternate n		iounty Company, L.L.	c, or LLC	. 1
	high foreign limited liability company is organized)	3	N/A (FEI num	ber, if applicable)		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·	•••		
4.	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration) nine penalty liability)				
5 THE PALLADIUM		6.				
(Street Address of I		·	(Mailing Add	iress)		
12124 HIGH TECH A	VE., STE. 229					
ORLANDO, FL 32817	,			<u>;;</u>		
7. Name and street addres	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> accept	able)		DEC 28	刊门
Name:	COGENCY GLOBAL, INC.		_	••		[-]
Office Address:	115 N. CALHOUN ST., STE. 4				<u> </u>	الا
Office / Idah Cos.	TALLAHASSEE		_ , Florida <u>32301</u>	÷	√ √	
Registered agent's accep	(City)		(Zip cod	de)	2	
and accept the obligation.	s of my position as registered agent. (Registered agent)	5/SIOT	SECRETA	2.5		
V. The come title or com		_				
Title or Capacity:	acity and address of the person(s) who h Name and Address:		Capacity:	Name and A	ddress:	
Managing Member	Maxim Zenwise HoldCo, LL					
By: Gregory W. Wilson, Manager	105 E. FIRST ST., STE. 203 HINSDALE, IL 60521	_				
Manager	THNSDALL, TO 00021	_				

(Use attachments if neces	sary)					
jurisdiction under the law of the translator must be s 10. This document is executed the second sec	of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted) uted in accordance with section 605.020 of the Department of State constitutes at the constitutes at the constitutes.	ate is in a foreig	gn language, a translat da Statutes. I am awai	tion of the certifi	icate und	er oath
	Statute .	e of an authorized pe	rson			
		in manual est pe				
,	Gregory W. Wilson, Manager of Max	im Zenwise Ho	oldCo, LLC, Managin	igMbr		



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

DELAWARE, DO HEREBY CERTIFY "MAXIM ZENWISE OPCO, 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-EIGHTH DAY OF DECEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MAXIM ZENWISE OPCO, LLC" WAS FORMED ON THE SECOND DAY OF NOVEMBER, A.D. 2017.

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

Authentication: 203844324

Date: 12-28-17

6601427 8300 SR# 20177812107