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

Account#: 120000000088

Date: February	1, 2018	ACCOUNT#. 120000000000
Name: Marisa Kı	ugelmann	
Reference #:	D313040	
Entity Name:	COEO SOLUTIONS, LLC	_
Articles of Incorpo	oration/Authorization to Transact Busine	SS
Amendment		
☐ Change of Agent		
Reinstatement		
Conversion		
Merger		
☐ Dissolution/Withdi	rawal	
Fictitous Name		•
Other		
Authorized Amount: _ Signature: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		

CORPORATE HQ

COGENCY GLOBALING. 10 E 40 - \$1,10 1FL MY, NY 10016 800.271.0102 +1.212.947.7200 **⊕**EUROPEAN HQ

COGENCY GLOBAL (UX) HIMITED REGISTRED MENGLANDS WALES MOUNT MARKS, MEL LONDON ECSA 784 +44 (0)20,3786,1090 asia Pacific HQ

COGENCY GLOBAL (HK) HIMBED A HERE FONG I MED COMPANY INFINITUS PLAZA, 12 11 12 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.4803



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

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

	COEO SOL	UTIONS, LLC				_
(Name of Foreign Lin	nited Liability Company; must include "Lit	mited Liability Comp	any," "L.L.C.," or "	LLC."1		
	r adopted for the purpose of transacting business is	o Florida The alternate (name must include " Lar	neted Lusbility Comp	any, " "L.1_C, " or "1	LCD
name: miavailable, ester alternate name						
(Jurisdiction under the law of which	Iffinois foreign limited liability company is organized)			Ff.I mumber, if apple	cappe)	_
	(Date first transacted business in Florida, if pro- (See sections 605 0904 & 605 0905, F.S. to do	or to registration)	- 		,	. 60
1001 Buredial	d Rd., Suite 150	6.	1901 Butte	erfield Rd., Suit	le 150 -	_ 📆
(Street Address of Pro-		o	(Ma	iling Address)		
					_	'
Downers Gro	ove, IL 60515		Downer	s Grove, IL 60:	515 	
Name and street address	of Florida registered agent: (P.O.	Вох <u>МОТ</u> ассер	table)			
Name:	COGENCY GLOBA	AL INC.				
	115 North Calhoun Str	eet, Suite 4				•
Office Address:				32301		
	ralianassee	<u></u>	, Florida	(Zin code)		
	Kustus Trefice	J . (/~-)-4-1	معناية لا إلى أثاثه	~		
	(Registered a			_		
8. The name, title or capa-	city and address of the person(s) w	ho has/have auth		is/are:	me and Addr	<u>rss:</u>
8. The name, title or capa <u>Title or Capacity:</u>	oity and address of the person(s) w	ho has/have auth	ority to manage	is/are:	Frank Ru	ffolo
8. The name, title or capa-	city and address of the person(s) w Name and Address: Eric Wince	ho has/have auth <u>Title (</u>	ority to manage or Capacity:	is/are:	Frank Ru	ffolo
8. The name, title or capa <u>Title or Capacity:</u>	city and address of the person(s) w <u>Name and Address:</u> Eric Wince	ho has/have auth <u>Title (</u>	ority to manage or Capacity:	is/are:	Frank Ru	ffolo
8. The name, title or capacity: Manager	City and address of the person(s) w Name and Address: Eric Wince 1901 Education Rd., 2006-15D Decision Grove, 1, 62515	ho has/have auth <u>Title (</u>	ority to manage or Capacity:	is/are:	Frank Ru	ffolo
3. The name, title or capa <u>Title or Capacity:</u>	City and address of the person(s) W. Name and Address: Eric Wince 190 Edited Rd., Suite 155 Deciders Grove, R. 92515 Sieve Braverman 1901 Bravers Rd., Suite 155	tio has/have auth	ority to manage or Capacity:	is/are:	Frank Ru	ffolo
S. The name, title or capacity: Manager	City and address of the person(s) was Name and Address: Eric Wince 1901 gateries Rd., Suite 150 Deutern Grove, R. \$2515 Sieve Braverman	tio has/have auth	ority to manage or Capacity:	is/are:	Frank Ru	ffolo
The name, title or capa <u>Title or Capacity:</u> Manager	City and address of the person(s) W. Name and Address: Eric Wince 190 Edited Rd., Suite 155 Deciders Grove, R. 92515 Sieve Braverman 1901 Bravers Rd., Suite 155	tio has/have auth	ority to manage or Capacity:	is/are:	Frank Ru	ffolo 3 . 5445 159
Manager (Use attachments if necess	City and address of the person(s) W Name and Address: Eric Wince 190 Editeded Rd. Sale 150 Democra Grove, R. 80515 Sieve Braverman 190 Braveri Grove, R. 80515 Democra Grove, R. 80515 Sary)	to has/have auth	ority to manage or Capacity: Manager Micated by the o	is/are: Na Na Hicial having	Frank Ru 1931 Bus encur. Downers Grove.	ffolo 3. Suche 150 n. 80515
Manager Manager Manager Manager Manager Manager Manager	City and address of the person(s) W Name and Address: Eric Wince 1901 gateries Rd. Sust 153 Decision Grove, R. 82515 Sieve Braverman 1901 Bateries: Rd. Sust 153 Decision Grove, R. 82515 sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted)	s old, duly auther	ority to manage or Capacity: Manager Micated by the of eight language, to the content of the c	is/are: Na	Frank Ru	ffolo 3. Eurin 130 n. 80919 ords in the
Manager	City and address of the person(s) w Name and Address: Eric Wince 1901 Edited Rd., 2016 135 Demon Grove, R. 62515 Steve Braverman 1901 Brawfest Pd., Suns 135 Demon Grove, R. 62515 sary) of existence, no more than 90 days of which it is organized. (If the cer	s old, duly auther	ority to manage or Capacity: Manager Atticated by the of eign language, to orida Statutes, I	is/are: Na Na Pricial having a translation of translation of the same aware that	Frank Ru	ffolo 3. Such 130 n. 80919 ords in the
Manager	City and address of the person(s) water and Address: Eric Wince 1901 guteriest Rd. Sust 150 Deutern Grove, R. 82515 Sieve Braverman 1901 Britishest Rd. Sust 150 Deutern Grove, R. 82515 sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted)	s old, duly auther	ority to manage or Capacity: Manager Atticated by the of eign language, to orida Statutes, I	is/are: Na Na Pricial having a translation of translation of the same aware that	Frank Ru	ffolo 3. Such 130 18. Boots ords in the under of
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8. The name, title or capative or Capacity: Manager Manager (Use attachments if necess 9. Attached is a certificate jurisdiction under the law of the translator must be seen.	City and address of the person(s) water and Address: Eric Wince 1901 Balleries Rd., 2016 150 Denters Grove, 8, 67515 Steve Braverman 1901 Balleries Pd., Sons 150 Denters Grove, 8, 63515 sary) of existence, no more than 90 days of which it is organized. (If the cerubmitted) on the Department of State constitute	s old, duly auther	ority to manage or Capacity: Manager Micated by the of eigh language, to orida Statutes, I felony as provided person	is/are: Na Na Pricial having a translation of translation of the same aware that	Frank Ru	ffolo 3. Eurin 130 n. 80919 ords in the



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

COEO SOLUTIONS. LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 13. 2014. 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 31ST day of JANUARY A.D. 2018.

Authentication #: 1803102440 verifiable until 01/31/2019
Authenticate at: http://www.cyberdriveillinois.com

ise White

SECRETARY OF STATE