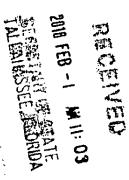
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K. SALY FEB 23 2018



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

Date: February 1, 2018	Account#: I20000000088
Name: ERIC B. HOOD	
Reference #:	
Entity Name: THE BANC FUNDS COMPA	NY, L.L.C.
✓ Articles of Incorporation/Authorization to Trans	eact Business
☐ Amendment	
Change of Agent	a greet week
Reinstatement	PLEASE LEEP IL ONIS SUBMISSION SUBMISSION
Conversion	O'SUBMIS!
☐ Merger	Date
☐ Dissolution/Withdrawal	
☐ Fictitous Name	
✓ Other CERTIFIED	COPY
Authorized Amount: \$155.00	
Signature:	



## FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

DREW J. BREAKSPEAR COMMISSIONER

February 16, 2018

Charles Abrams, Esq. 777 S. Flagler Drive Suite 300 West Palm Beach, FL 33401

Re: The Banc Funds Company, L.L.C.

Dear Mr. Abrams:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (The Banc Funds Company, L.L.C.) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

Jeremy W. Smith

Director

Division of Financial Institutions

JWS/trd

cc: Lyn Shoffstall, Chief, Bureau of Commercial Recordings, Division of Corporations.

Department of State

## 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:

(Name of Foreign	COMPANY, L.L.C. Limited Liability Company, must include "Limit	ed Liability Compa	ny," "L.L.C.," or "LLC,")	
	name adopted for the purpose of transacting business in Fl	orida. The alternate na	me must include "Limited Liabil	ity Company," "L.L.C," or "LLC
ILLINOIS  Ourisdiction under the law of w	hich foreign limited liability company is organized)	3	(FFI number	, if applicable)
<b>(</b>	The state of the s		(i Li namber	, п прупечоту
	(Data first transported business in Finance			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	ine penalty liability)		
20 N. WACKER DRI		6. <u>20 N.</u>	WACKER DRIVE	
(Street Address of ) SUITE 3300	Principal Office)	SUITE	(Mailing Addres	S) 75 8
CHICAGO, ILLINOIS	5 60606		AGO, ILLINOIS 6060	· 등위 급 1
emerido, ieenvoid			130, 122111013 0000	· ## 1
Nama and atreat address	as of Florida manistanad agents (B.O. Bas	. NOT	L1_\	SE - 1
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	( NOT accepta	ole)	man Z
Name:	CHARLES J. MOORE			63 4
Office Address:	220 SUNRISE AVENUE, SUITE 201			智品 公
	PALM BEACH		22.480	<b>77</b>
	(City)		, Florida 33480 (Zip code)	
ignated in this applica comply with the provisi	gistered agent and to accept service of tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is registered ag	ent and agree to act in	this capacity. I furthe
ignated in this applica comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. /s/ Charles J. Moore	is registered ag r and complete	ent and agree to act in	this capacity. I furthe
signated in this applica comply with the provisi	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.	is registered ag r and complete	ent and agree to act in	this capacity. I furthe
signated in this applica comply with the provisi d accept the obligation.	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent. /s/ Charles J. Moore	s registered ag r and complete signature)	ent and agree to act in performance of my du y to manage is/are:	this capacity. I furthe
signated in this applica comply with the provisi d accept the obligation. The name, title or capa	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  /s/ Charles J. Moore  (Registered agent's acity and address of the person(s) who have	s registered ag r and complete signature) as/have authorit	ent and agree to act in performance of my du y to manage is/are:	this capacity. I furthouties, and I am familian
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Typed or printed name of signee



## 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

THE BANC FUNDS COMPANY, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 28, 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.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 4TH day of JANUARY A.D. 2018.

Authentication #: 1800402092 verifiable until 01/04/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE



February 2, 2018

COGENCYGLOBAL

SUBJECT: THE BANC FUNDS COMPANY, L.L.C.

Ref. Number: W18000010993

We have received your document for THE BANC FUNDS COMPANY, L.L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 618A00002260

Karen A Saly Regulatory Specialist II

www.sunbiz.org