

3/15/2018

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

RECEIVED**2018 MAR 15 PM 1:53**DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**Foreign Limited Liability Company
SRC FACILITIES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**18 MAR 15 AM 9:52****FILED**

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Corporate Filing Menu

Help

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. **SRC FACILITIES LLC**
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. **DELAWARE**
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. **3333 BEVERLY ROAD**
(Street Address of Principal Office)
6. **3333 BEVERLY ROAD**
(Mailing Address)
- HOFFMAN ESTATES, ILLINOIS 60179**
- HOFFMAN ESTATES, ILLINOIS 60179**

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **CT CORPORATION SYSTEM**

Office Address: **1200 S. PINE ISLAND ROAD**

PLANTATION, Florida **33324**

(City) (Zip code)

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.

C T Corporation System

(Registered agent's signature)

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:
AUTHORIZED REPRESENTATIVE	ROB RIECKER		
	3333 BEVERLY ROAD		
	HOFFMAN ESTATES, ILLINOIS 60179		

(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.

Signature of an authorized person

PLEASE SEE ATTACHED SIGNATURE PAGE

Typed or printed name of signer

SRC FACILITIES LLC,
a Delaware limited liability company

By: 

Name: Robert A. Riecker
Title: Authorized Signatory

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TALLAHASSEE, FLORIDA

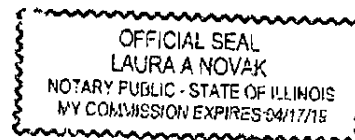
State of IL)
County of Cook) ss:

I, Laura A. Novak a Notary Public in and for said County and State, do hereby certify that Robert A. Riecker personally known to me to be the same person whose name subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that signed and delivered the said instrument as free and voluntary act, for the purposes and therein set forth. Given under my hand and official seal, this 8 day of March 2018.

My commission expires:

4/17/19

Laura A. Novak
Notary Public



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TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SRC FACILITIES 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 FOURTEENTH DAY OF MARCH, A.D. 2018.

SECRETARY OF STATE



3724375 8300

SR# 20181917607

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202320137

Date: 03-14-18