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#### COVER LETTER

SUBJE	Hillard Heintze, LLC	
BUINE	Name of Limited Liability Company	
	sed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certifica and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,	
Please i	arn all correspondence concerning this matter to the following:	
	Amette Heintze	
	Name of Person	
	Hillard Heintze, LLC	
	Firm/Company	
	30 S. Wacker Drive, Suite 1400	
	Address	
	Chicago, IL 60606	
	City/State and Zip Code	
	arnette.heintze@hillardheintze.com	
	E-mail address: (to be used for future annual report notification)	
For furt	r information concerning this matter, please call:	
	Debra Kirby 312 229,9809 at ( )	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS:     STREET ADDRESS:       Division of Corporations     Division of Corporations       Legistration Section     Registration Section       LO. Box 6327     Clifton Building       Callahassee, FL 32314     2661 Executive Center Circle       Tallahassee, FL 32301	
Enclose	s a check for the following amount:  1 \$125.00 Filing Fee	

## 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 adopted for the purpose of transacting business in F		
2. County of Cook, Illino: (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3. 42 - 163	I number, if applicable)
4. DNA			
4. <u> </u>	(Date first transacted business in Florida, If prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.) nine penalty liability)	
5. Hillard Heintze, LLC		6 Hillard Heintze, LLC	
(Street Address of 30 S. Wacker Drive, S		(Mailin	g Address)
Chicago, IL 60606	utie 1400	30 S. Wacker Drive, S	
Cincago, 11, 00000		Chicago, 1L 60606	
	ss of Florida registered agent: (P.O. Bo InCorp Services, Inc.	x <u>NOT</u> acceptable)	MAR 23 TORETARY LAHASSE
Name:			SE 23 F
Office Address:	17888 67th Court North		E PR
	Loxahatchee	, Florida <u>33470</u> 	5
Registered agent's accep	(City)	(Z	ip code)
Having been named as ro designated in this applica	egistered agent and to accept service of stion, I hereby accept the appointment	as registered agent and agree to	ilted liability company at the place act in this capacity. I further agree
Having been named as re designated in this applica to comply with the provis	egistered agent and to accept service of	as registered agent and agree to r and complete performance of	uited liability company at the place act in this capacity. I further agree my duties, and I am familiar with
Having been named as re designated in this applica to comply with the provis	egistered agent and to accept service of tion, I hereby accept the appointment i ions of all statutes relative to t <u>he p</u> rope	as registered agent and agree to rand complete performance of Kathy Shin on b	ilted liability company at the place act in this capacity. I further agree
Having been named as radesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap	egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent.  (Resistered agent acity and address of the person(s) who h	Kathy Shin on b	nited liability company at the place of act in this capacity. I further agree my duties, and I am familiar with ehalf of InCorp Services, Inc.
Having been named as r designated in this applica to comply with the provis and accept the obligation	egistered agent and to accept service of ution, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.  (Resistered agent	as registered agent and agree to a rand complete performance of Kathy Shin on b	nited liability company at the place of act in this capacity. I further agree my duties, and I am familiar with ehalf of InCorp Services, Inc.
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Having been named as redesignated in this applicate to comply with the provise and accept the obligation  8. The name, title or cap	egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.  (Resistered agent acity and address of the person(s) who have and Address:	Kathy Shin on b s signature)  Has/have authority to manage is/a  CFO	nited liability company at the place of act in this capacity. I further agree my duties, and I am familiar with ehalf of InCorp Services, Inc.  re:  Name and Address:
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Having been named as redesignated in this applicate to comply with the provise and accept the obligation  8. The name, title or cap Title or Capacity: CEO	egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope s of my position as registered agent.  (Reistered agent acity and address of the person(s) who have and Address:  Arnette Heintze  30 S. Wacker Drive STE 140 Chicago, IL, 60606  Kenneth Bouche  30 S. Wacker Drive STE 140	Kathy Shin on be signature  Title or Capacity:  CFO	ehalf of InCorp Services, Inc.  Name and Address:  William Aslan  30 S. Wacker Drive STE 1406
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Having been named as redesignated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity: CEO  COO  (Use attachments if neces) 9. Attached is a certificate	egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope is of my position as registered agent.  (Resistered agent)  acity and address of the person(s) who hame and Address:  Arnette Heintze  30 S. Wacker Drive STE 140 Chicago, IL 60606  Kenneth Bouche  30 S. Wacker Drive STE 140 Chicago, IL 60606  ssary)  of existence, no more than 90 days old, of which it is organized. (If the certifical	Kathy Shin on bestignance authority to manage is/a  Title or Capacity:  CFO  Aduly authenticated by the official	elited liability company at the place of act in this capacity. I further agree my duties, and I am familiar with ehalf of InCorp Services, Inc.  re:  Name and Address:  William Aslan  30 S. Wacker Drive STE 1406 Chicago, IL 60606
Having been named as redesignated in this applicate comply with the provisand accept the obligation.  8. The name, title or cap Title or Capacity: CEO  COO  (Use attachments if neces purisdiction under the law of the translator must be second.) This document is executed.	egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the prope is of my position as registered agent.  Resistered agent.  (Resistered agent.)  (Resistered agen	Kathy Shin on be signature)  It is a signature)  It is a signature authority to manage is/a  Title or Capacity:  CFO  Outhority to manage is/a	aited liability company at the place of act in this capacity. I further agree my duties, and I am familiar with ehalf of InCorp Services, Inc.  The services of the services o
Having been named as redesignated in this applicate comply with the provisand accept the obligation.  8. The name, title or cap Title or Capacity: CEO  COO  (Use attachments if neces purisdiction under the law of the translator must be second.) This document is executed.	egistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent.  Relative agent agent active and address of the person(s) who have and Address:  Arnette Heintze  30 S. Wacker Drive STE 140 Chicago, IL 60606  Kenneth Bouche  30 S. Wacker Drive STE 140 Chicago, IL 60606  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.020 of the Department of State constitutes a the	Kathy Shin on be signature)  It is a signature)  It is a signature authority to manage is/a  Title or Capacity:  CFO  Outhority to manage is/a	wited liability company at the place of act in this capacity. I further agree my duties, and I am familiar with sehalf of InCorp Services, Inc.  re:  Name and Address:  William Aslan  30 S. Wacker Drive STE 1400 Chicago, II, 60606

Typed or printed name of signee

#### File Number

0109662-1



### 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

HILLARD HEINTZE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 21, 2004, 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 15TH

day of MARCH A.D. 2018

Authentication #: 1807401636 verifiable until 03/15/2019

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE