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O SIMMONS MAY 1 5 2018 CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 205943 4339596

AUTHORIZATION : Spelle Regar

COST LIMIT : \$ 125.00

ORDER DATE: May 14, 2018

ORDER TIME : 11:30 AM

ORDER NO. : 205943-005

CUSTOMER NO: 4339596

## FOREIGN FILINGS

NAME: BATES FORUM LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## 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:

(If name unavailable, enter alternate	name adopted for the purpose of transacting business in	Florida The alternate	name must include "Limited I	iability Company," "L.L.C," or "LLC.")	
2. Missouri		3. 82-4	964943		
(Jurisdiction under the law of	which foreign limited liability company is organized)		(FEI ni	unber, if applicable)	
4.					
	(Date first transacted business in Florida, if pric (See sections not 0004 & 605 0005, F.S. to det	n to registration ) termine penalty liability;			
5. 2199 Innerbelt Busine	ess Center Drive		Innerbelt Business	Center Drive	
(Street Address of	•		(Mailing A	ddress) 7/2	
St. Louis, MO 63114		St. L	ouis, MO 63114		<u>.</u>
	· · · · · · · · · · · · · · · · · · ·				
					1
7. Name and street addre	ess of Florida registered agent: (P.O. I	Box <u>NOT</u> accept	able)		السا
Name:	Corporation Service Company		<b>_</b>	, Sept. 60	
Office Address:	1201 Hays Street			<b>一种</b>	
Office Address.				111	
	Tallahassee (City)		_ , Florida <u>32301</u>	· · · · · · · · · · · · · · · · · · ·	
Registered agent's acce			` '	•	
	egistered agent and to accept service	of process for th	e ahove stated limit	ed liability company at the pl	ace
	ation, I hereby accept the appointmen				
					agree
to comply with the provis					
	sions of all statutes relative to the prons of my position as registered agent.				rith
	sions of all statutes relative to the pro			y duties, and I am familiar w	ith Ier
	sions of all statutes relative to the prons of my position as registered agent.	per and complet		y duties, and I am familiar w Roxanne Turn	ith Ier
and accept the obligation	sions of all statutes relative to the prons of my position as registered agent.  Corporation Serving Company, By:  (Registered agent)	per and complet	e performance of m	y duties, and I am familiar w Roxanne Turn Asst. Vice President	ith Ier
and accept the obligation	sions of all statutes relative to the prons of my position as registered agent.  Corporation Serving Company By:	per and completed the state of	e performance of m	y duties, and I am familiar w Roxanne Turn Asst. Vice President	ith Ier
8. The name, title or cap Title or Capacity:	sions of all statutes relative to the prons of my position as registered agent.  Corporation Sening Company By:  (Registered agent) (Registered agent) (Registered agent) (Registered agent)	per and completed the state of	e performance of m	y duties, and I am familiar w Roxanne Turn Asst. Vice Presid	ith Ier
and accept the obligation  8. The name, title or cap	sions of all statutes relative to the prons of my position as registered agent.  Corporation Sening Company By:  (Registered agent)	per and completed the complete	e performance of m	y duties, and I am familiar w Roxanne Turn Asst. Vice Presid	ith Ier
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8. The name, title or cap Title or Capacity:	sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Serving Company, By:  (Registered age pacity and address of the person(s) who Name and Address: Clayco, Inc. 35 E. Wacker Drive, Ste 1	per and completed the complete	e performance of m	y duties, and I am familiar w Roxanne Turn Asst. Vice Presid	ith Ier
8. The name, title or cap Title or Capacity:	sions of all statutes relative to the pro- ns of my position as registered agent. Corporation Serving Company, By:  (Registered age pacity and address of the person(s) who Name and Address: Clayco, Inc. 35 E. Wacker Drive, Ste 1	per and completed the complete	e performance of m	y duties, and I am familiar w Roxanne Turn Asst. Vice Presid	ith Ier
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8. The name, title or cap Title or Capacity: Manager	sions of all statutes relative to the prons of my position as registered agent.  Corporation Serving Company By:  (Registered age exacity and address of the person(s) who Name and Address:  Clayco, Inc.  35 E. Wacker Drive, Ste 1 Chicago, IL. 60601	per and completed the complete	e performance of m	y duties, and I am familiar w Roxanne Turn Asst. Vice Presid	ith Ier
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8. The name, title or cap Title or Capacity: Manager  (Use attachments if nece 9. Attached is a certificat	sions of all statutes relative to the property of my position as registered agent.  Corporation Serving Company By:  (Registered age coacity and address of the person(s) who Name and Address:  Clayco, Inc.  35 E. Wacker Drive, Ste 1 Chicago, IL. 60601	per and complete the complete t	rity to manage is/are Capacity:	Asst. Vice President in the Name and Address:	eith ner den
8. The name, title or cap Title or Capacity: Manager  (Use attachments if nece 9. Attached is a certificat jurisdiction under the law	sions of all statutes relative to the property of my position as registered agent.  Corporation Serving Company By:  (Registered agent) (Registere	per and complete the complete t	rity to manage is/are Capacity:	Asst. Vice President in the Name and Address:	eith ner den
8. The name, title or cap Title or Capacity: Manager  (Use attachments if nece 9. Attached is a certificat	sions of all statutes relative to the property of my position as registered agent.  Corporation Serving Company By:  (Registered agent) (Registere	per and complete the complete t	rity to manage is/are Capacity:	Asst. Vice President in the Name and Address:	eith ner den
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8. The name, title or cap Title or Capacity: Manager  (Use attachments if nece 9. Attached is a certificat jurisdiction under the law of the translator must be: 10. This document is exe	sions of all statutes relative to the property of my position as registered agent.  Corporation Serving Company By:  (Registered agent) (Registere	per and complete the complete t	rity to manage is/are Capacity:  cated by the official gn language, a translida Statutes. I am awony as provided for	Name and Address:  Name and Address:  having custody of records in thation of the certificate under contract that any false information in s.817.155, F.S.	ner den

Typed or printed name of signee

Tony Schofield, Chief Financial Officer of CLAYCO, INC., Manager

STATE OF MISSOURI



## John R. Ashcroft Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

BatesForum LLC LC001583395

was created under the laws of this State on the 23rd day of March, 2018, and is active, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 24th day of April, 2018.

Secretary of State

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Certification Number: CERT-04242018-0077