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SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUS 518

## COVER LETTER

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TO: Registration Section

Div	ision of Corporation	18				
SUBJECT:	Lumenance, LLC					
		Name of	Limited Liability (	Company		
The enclosed Existence, ar	l "Application by For id check are submitte	reign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limit	ition to Tra ted liabilit	ansact Business in Florida," Cert y company to transact business i	ificate of n Florida,
Please return	all correspondence of	concerning this matter to the	following:			
	Marcel S. Olive	zira				
		N	ame of Person			
	Lumenance, LI	.C				
	<del></del>	F	irm/Company			
	20 W Kinzie St	: FL 17				
	<del></del>		Address	•	<del></del>	
	Chicago, IL 60	654				
		City/8	tate and Zip Code			
	Lægal@Lamenai	ace.com				
		E-mail address: (to be use	d for future annual	report not	tification)	
For further in	iformation concernin	g this matter, please call:				
Ma	rcel S. Oliveira		608 at (	572-70		
	Name o	f Contact Person	Area Code		time Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314			Division Registrat Clifton B 2661 Exc	CADDRESS: of Corporations ion Section duilding decutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fee, Certific of Status & Certified Copy	rate

## 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 FOREKIN LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Jumenance Florida LLC	gn Limited Liability Company; must include "L	77	·- )
Ohio	name adopted for the purpose of transacting business	in Florida. The alternate name must include "Limited !	Liability Company," "L.L.C," or "LLC"
	which foreign limited liability company is organized)	_ 3. 26-3192904	
Commence of Figure 118: 188 DL	wince roceign limited liability company is organized)	(FEI m	milier, if applicable)
N/A			
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration.)	<del></del>
131 King Street	(100 manual 000,0000 to 000,0000), F.S. to do		
(Street Address of	Principal Office)	6. 4449 Easton Way	
Sun Prairie, WI 53590	)	PMB 20059	ddress)
		Columbus, OII 43219	
		001111111111111111111111111111111111111	
Name and street addre	ss of Florida registered agent: (P.O. F	No. NOT	<u>ಹ</u>
<u> </u>		30x NUT acceptable)	## ## ## ## ## ## ## ## ## ## ## ## ##
Name:	Oswaldo Orozco		<b>-</b> 4
Office Address:	10384 W State Road 84, Unit 11		<u></u>
Office Address:	1050 1 1 Mate Road 64, Chit 11		<b>&gt;</b>
	Davie	, Florida 33324	de)
	(City)	, Ptorida (Zip co	
gistered agent's accep	Hance:		
comply with the provisi	egistered agent and to accept service of tion, I hereby accept the appointmentions of all statutes relative to the profits s of my position of registered agent	of process for the above stated limited t as repistered agent and agree to acc for and complete performance of my	d liability company at the pl
comply with the provisi	egistered agent and to accept service of tion, I hereby accept the appointmentions of all statutes relative to the profits s of my position of registered agent	or registered agent and agree to act	d liability company at the pl
comply with the provisi d accept the obligation	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the profits s of my position of registered agen (Registered agen	er and complete performance of my	d liability company at the pl
comply with the provisi d accept the obligations  The name, title or capa	gistered agent and to accept service of tion, I hereby accept the appointment ions of all statutes relative to the profits s of my position of registered agen (Registered agen	er and complete performance of my	d liability company at the pl
comply with the provisi d accept the obligation	egistered agent and to accept service of tion, I hereby accept the appointmentions of all statutes relative to the profits s of my position of registered agent	er and complete performance of my	d liability company at the pl t in this capacity. I further duties, and I am familiar w
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comply with the provision of accept the obligations  The name, title or capa  Title or Capacity:	egistered agent and to accept service of the appointment ions of all statutes relative to the profess of my position of registered agent (Registered agent acity and address of the person(s) who Name and Address:  Theodore Messerly  131 King Street	has have authority to manage is/are:  Title or Capacity:	d liability company at the plot in this capacity. I further duties, and I am familiar was a man and I am familiar was a man and Address:  Eric Corll
comply with the provision of accept the obligations  The name, title or capa  Title or Capacity:	rgistered agent and to accept service of the appointment ions of all statutes relative to the profess of my position of registered agent (Registered agent acity and address of the person(s) who Name and Address:  Theoxoge Messerly	has have authority to manage is/are:  Title or Capacity:	d liability company at the plot in this capacity. I further duties, and I am familiar w
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comply with the provision of accept the obligations.  The name, title or capa Title or Capacity:  Managing Partner	gistered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the property of my position of registered agent (Registered agent acity and address of the person(s) who Name and Address:  Theodore Messerly  131 King Street Sun Prairie, WI 53590  Mark Luo	has have authority to manage is/are:  Title or Capacity:	Name and Address: Eric Corll 4449 Easton Way Columbus, OH 43219  Kyle Malone
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The name, title or capa Title or Capacity: Managing Partner  Partner	registered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the property of my position of registered agent (Registered	har have authority to manage is/are:  Title or Capacity:  Partner  Partner	Name and Address: Eric Corll 4449 Easton Way Columbus, OH 43219  Kyle Malone 131 King Street Sun Prairie, WI 53590
The name, title or capa Title or Capacity: Managing Partner  Partner  e attachments if necess.	Registered agent and to accept service of ation, I hereby accept the appointment ions of all statutes relative to the profess of my position of registered agent (Registered agent acity and address of the person(s) who Name and Address:  Theodore Messerly  131 King Street  Sun Prairie, WI 53590  Mark Luo  131 King Street  Jun Prairie, WI 53590  ary)	has have authority to manage is/are:  Title or Capacity:  Partner  Partner	Name and Address: Eric Corll 4449 Easton Way Columbus, OH 43219  Kyle Malone 131 King Street Sun Prairie, WI 53590
The name, title or capa Title or Capacity: Managing Partner  Partner  Partner  te attachments if necess stached is a certificate of diction under the law of	registered agent and to accept service of the proposition, I hereby accept the appointment ions of all statutes relative to the proposition of registered agent (Registered ag	has have authority to manage is/are:  Title or Capacity:  Partner  Partner	Name and Address: Eric Corll 4449 Easton Way Columbus, OH 43219  Kyle Malone 131 King Street Sun Prairie, WI 53590
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Typed or printed name of signee

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LUMENANCE, LLC, an Ohio Limited Liability Company, Registration Number 1762679, was organized within the State of Ohio on March 5, 2008, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of May, A.D. 2018.

Ohio Secretary of State

for Hastel

Validation Number: 201813000760