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COVER LETTER

TO:	Registration Section Division of Corporation	s				
	The Fontana Law G	oup, LLC				
SUBJ	ECT:	Name of	Limited Liability C	Company		
The er Existe	nclosed "Application by For nce, and check are submitte	eign Limited Liability Com d to register the above refer	pany for Authoriza enced foreign limit	tion to Transact Business in Flori ed liability company to transact b	da," Certificate o ousiness in Florida	of a.
Please	return all correspondence o	oncerning this matter to the	following:			
	Timothy Burne	ne				
	-	N	lame of Person			
	The Fontana La	w Group, LLC				
		F	irnı/Company			
	211 W. Wacker	, Suite 300				
	·		Address			
	Chicago, IL 60	506				
	· · · · · · · · · · · · · · · · · · ·	City/S	State and Zip Code		- 	
	tburnettelaw@gr	nail.com		***	- 2	•
		E-mail address: (to be use	ed for future annual	report notification)		Ti
For fu	irther information concernin	g this matter, please call;			是 20 AH AH	Section .
	Timothy Burnette		312 at (273-5020	9 78 9 78 9 6	T T
	Name o	of Contact Person	Area Code	Daytime Telephone Numb	F ST	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	: 42 JRIDA	
Enclo	sed is a check for the follow S125.00 Filing Fee	ring amount: \$\Boxed{\subset} \text{S130.00 Filing Fee & Certificate of Status}\$	☐ \$155.00 Filin Certified Copy			

. 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 min		
7 Alabama	maine adopted for the purpose of transacting busines	is in Florida. The alternate name must include "Limited	Liability Company," "L.I.,C," or "LLC."}
	thich foreign limited liability company is organized)	<u>3. 82-4359745</u>	
	configuration (according to organized)	(FEI n	umber, if applicable)
<u>n/a</u>			
	(Date first transacted business in Florida, if a (See sections 605,0904 & 605,0905, F.S. to	erior to registration) determine penalty finbility)	
. I Chase Corporation (Center, #400	6. 1 Chase Corporation Cer	Vor. #400
(Succe Address of Birmingham, AL 3524		(Mailing /	iddicas)
onningham, AL 3324	4	Birmingham, AL 35244	· · · · · · · · · · · · · · · · · · ·
		<u></u>	
Name and street address	ss of Florida registered agent: (P.O.	Box NOT acceptable)	
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road		
o moo ruuress:	DROW DIEDICI OUR LEGGO		
	Plantation	Florida 33324	
egistered agent's accep	(Ciry)	, Florida 33324	ode)
avino heen named as	ance.	• •	ာက 🚍
Andrea in this applicat	non, I hereby accept the appointme	of process for the above stated limite	a money company at the place
comply with the provisi	ons of all statutes malestone in	no vegiorer all and agree to at	I In this capacity Liestian Sec
ia accept the obligations		Oper and complete partonisms	The same of the sa
	of my position as registered agent	r = - = complete perjormance of my	y duties, and I am fanilliar with
G	of my position as registered agent	r = - = complete perjormance of my	duties, and I am familiar with
	of my position as registered agent. (Kegistered agent)	April Wittenwyler, Ast. Secretary	y duties, and I am filmiliar with SO ST CO
	of my position as registered agent. (Kegistered agent)	April Wittenwyler, Ast. Secretary	y duties, and I am filmiliar with SO ST CO
	(Registered agent, (Registered agent, agent)	April Wittenwyler, Ast. Secretary ent's signature; o has/have authority to manage is/are:	y duties, and I am familiar with SON CONTROL OF THE ONLY
	(Registered agent, (Registered agent) (Registered agent) (Registered agent) (Registered agent) (Registered agent)	April Wittenwyler, Ast. Secretary cent's signature) o has/have authority to manage is/are: Title or Capacity:	y duties, and I am filmiliar with SO ST CO
The name, title or capa-	city and address of the person(s) wh Name and Address: Christine Fontana	April Wittenwyler, Ast. Secretary ent's signature; o has/have authority to manage is/are:	Name and Address:
The name, title or caparities or Capacity:	(Registered agent, (Registered agent) (Registered agent) (Registered agent) (Registered agent) (Registered agent)	April Wittenwyler, Ast. Secretary cent's signature) o has/have authority to manage is/are: Title or Capacity:	Name and Addrasti Timothy Burnette 211 W Wacker, Suite 300
The name, title or capa-	city and address of the person(s) wh Name and Address: Christine Fontana PO Box 645	April Wittenwyler, Ast. Secretary cent's signature) o has/have authority to manage is/are: Title or Capacity:	Name and Address:
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The name, title or capa-	city and address of the person(s) wh Name and Address: Christine Fontana PO Box 645	April Wittenwyler, Ast. Secretary cent's signature) o has/have authority to manage is/are: Title or Capacity:	Name and Addrasti Timothy Burnette 211 W Wacker, Suite 300
The name, title or caparitite or Capacity: Manager	city and address of the person(s) wh Name and Address: Christine Fontana PO Box 645 Montevello. AL 35115	April Wittenwyler, Ast. Secretary cent's signature) o has/have authority to manage is/are: Title or Capacity:	Name and Addrasti Timothy Burnette 211 W Wacker, Suite 300
The name, title or capa- Title or Capacity: Manager se attachments if necessary	city and address of the person(s) wh Name and Address: Christine Fontana PO Box 645 Montevello, AL 35115	April Wittenwyler, Ast. Secretary cent's signature) o has/have authority to manage is/are: Title or Capacity: Agent	Name and Addrager Timothy Burnette 211 W Wacker, Suite 300 Chicago, IL 60606
The name, title or capa- Title or Capacity: Manager se attachments if necessary	city and address of the person(s) wh Name and Address: Christine Fontana PO Box 645 Montevello, AL 35115	April Wittenwyler, Ast. Secretary cent's signature) o has/have authority to manage is/are: Title or Capacity: Agent	Name and Addrager Timothy Burnette 211 W Wacker, Suite 300 Chicago, IL 60606
The name, title or capa- Title or Capacity: Manager se attachments if necessary	city and address of the person(s) wh Name and Address: Christine Fontana PO Box 645 Montevello, AL 35115	April Wittenwyler, Ast. Secretary cent's signature) o has/have authority to manage is/are: Title or Capacity: Agent	Name and Addrager Timothy Burnette 211 W Wacker, Suite 300 Chicago, IL 60606
The name, title or capative. Title or Capacity: Manager See attachments if necessary Attached is a certificate of isdiction under the law of the translator must be sub-	city and address of the person(s) when Name and Address: Christine Fontana PO Box 645 Montevello. AL 35115 Mry) of existence, no more than 90 days of which it is organized. (If the certification)	April Wittenwyler, Ast. Secretary cent's signature) o has/have authority to manage is/are: Title or Capacity: Agent Id, duly authenticated by the official hacate is in a foreign language, a translate	Name and Addrageral Timothy Burnette 211 W Wacker, Suite 300 Chicago, IL 60606
The name, title or capative or Capacity: Manager Attached is a certificate of isdiction under the law of the translator must be sub.	city and address of the person(s) when Name and Address: Christine Fontana PO Box 645 Montevello. AL 35115 Mortevello. AL 35115 Arry) of existence, no more than 90 days of which it is organized. (If the certification and in proceedings of the person of the perso	April Wittenwyler, Ast. Secretary cent's signature; o has/have authority to manage is/are: Title or Capacity: Agent Id, duly authenticated by the official hacate is in a foreign language, a translate	Name and Addragera Timothy Burnette 211 W Wacker, Suite 300 Chicago, IL 60606
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John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that The Fontana Law Group, LLC was formed in Chilton County, Alabama on February 2, 2018. The Alabama Entity Identification number for this entity is 508-764. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

07/18/2018

Date

X 24. Merill

John H. Merrill

Secretary of State