## M18000008503

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



400317884054

OCPASINEST OF STAT

SEP 17 AM 9: 2

O SIMMONS SEP 1.8 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 38/1945 4800163

AUTHORIZATION : Speech Control

COST LIMIT : \$ 160.00

-----

ORDER DATE: September 14, 2018

ORDER TIME : 9:42 AM

ORDER NO. : 387945-005

CUSTOMER NO: 4800163

## FOREIGN FILINGS

NAME: BAKER MCKENZIE BUSINESS

SERVICES FL LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

\_\_\_ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER:

## COVER LETTER

TO: Registration Section

Div	ision of Corporation	18				
SUBJECT:		isiness Services FL LLC				
SOBSET.		Name of I	imited Liability C	ompany		
The enclosed Existence, ar	I "Application by For ad check are submitte	reign Limited Liability Comp d to register the above refere	any for Authorizat	ion to Tra ed liability	nsact Business in Florida," Certificate company to transact business in Florid	of ia.
Please return	all correspondence	concerning this matter to the	following:			
	Robert H. Moo	rc				
		Na	ame of Person	-		
	Baker McKenz	ie				
	<del></del>	Fi	rm/Company			
	1111 Brickell	Ave., Suite 1700				
			Address			
	Miami, FL 331	31			•	
		City/S	tate and Zip Code			
	Sharon.Pollard@	Bbakermekenzie.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For further i	nformation concernir	ng this matter, please call:				
Ro	bert Willson		312 at (	861-65 	·	
-	Name	of Contact Person	Area Code	Day	time Telephone Number	
Div Re P.C	AILING ADDRESS VISION of Corporation gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section uilding ecutive Center Circle see, FL 32301	
	a check for the follow \$125.00 Filing Fee	ving amount:  \$\textsquare\text{\$\text{\$130.00 Filing Fee & Certificate of Status}}\$	□ \$155.00 Filin Certified Copy		■ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE 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:

	Limited Liability Company, must include "Lim	•	
	ime adopted for the purpose of transacting business in		1 Liability Company," "L.L.C," or "LLC.")
elaware		3. 83-1761221	number, if applicable)
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	(rr.	питост, и вропского
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to det	r to registration )	
	·	ermine penalty liability)  6. 1111 Brickell Ave., Sui	ite 1700
1111 Brickell Ave., Su (Street Address of P	ne 1700	6. Mailing	Address)
Miami, FL 33131	incipal Office)	Miami, FL 33131	
Wilding T E 33131			F. 12 19 TT
			33.3
Name and street addres	s of Florida registered agent: (P.O. B	Box NOT acceptable)	- E
Name:	Corporation Service Company		W 9 2
Office Address:	1201 Hays Street		775- 9
Office Address.	Tallahassec	, Florida 32301	<u>~</u> ' '—
	(City)	, Florida	p code)
comply with the provisi	ions of all statutes relative to the projes of my position as registered agent.  Corporation Service Company  By:	per and complete performance of	act in this capacity. I further ag my duties, and I am familiar with Roxanne Turn Asst. Vice Presion
comply with the provisi d accept the obligation.	ions of all statutes relative to the project of my position as registered agent.  Corporation Service Company  By:  (Registered age	per and complete performance of	my duties, and I am familiar with Roxanne Turn Asst. Vice Presid
comply with the provisi ad accept the obligation.	ions of all statutes relative to the projes of my position as registered agent.  Corporation Service Company  By:	per and complete performance of	my duties, and I am familiar with Roxanne Turn Asst. Vice Presid
comply with the provision descript the obligation.  The name, title or capi	ions of all statutes relative to the project of my position as registered agent.  Corporation Sarvice Company  By:  (Registered agent)  (Registered agent)  (Registered agent)	per and complete performance of  continuous signature)  co has/have authority to manage is/as  Title or Capacity:	my duties, and I am familiar with Roxanne Turn Asst. Vice Presider:  Roxanne Turn Asst. Vice Presider:  Roxanne Address: Edward J. Zulkey
comply with the provision descript the obligation.  The name, title or capa	ions of all statutes relative to the project of my position as registered agent.  Corporation Service Company By:  (Registered agent)  (Registered agent)  Active and address of the person(s) who  Name and Address:	per and complete performance of  cont's signature)  co has/have authority to manage is/a  Title or Capacity:  LLC Secretary	my duties, and I am familiar with Roxanne Turn Asst. Vice Presider:  re:  Name and Address:
comply with the provision accept the obligation.  The name, title or capa	ions of all statutes relative to the project of my position as registered agent.  Corporation Service Company By:  (Registered agent acity and address of the person(s) who Name and Address:  Baker & McKenzic Global Services  300 E Randolph St Stc 436	per and complete performance of  cont's signature)  co has/have authority to manage is/a  Title or Capacity:  LLC Secretary	re:  Name and Address:  Edward J. Zulkey  300 E Randolph St Ste 436
comply with the provision accept the obligation.  The name, title or capa	ions of all statutes relative to the project of my position as registered agent.  Corporation Service Company By:  (Registered agent acity and address of the person(s) who Name and Address:  Baker & McKenzic Global Services  300 E Randolph St Stc 436	per and complete performance of  cont's signature)  co has/have authority to manage is/a  Title or Capacity:  LLC Secretary	re:  Name and Address:  Edward J. Zulkey  300 E Randolph St Ste 436
comply with the provision discrept the obligation.  The name, title or caparate or Capacity:  Member	ions of all statutes relative to the project of my position as registered agent.  Corporation Service Company By:  (Registered age acity and address of the person(s) who Name and Address:  Baker & McKenzie Global Services  300 E Randolph St Ste 436 Chicago, IL 60601	per and complete performance of  cont's signature)  co has/have authority to manage is/a  Title or Capacity:  LLC Secretary	my duties, and I am familiar with Roxanne Turn Asst. Vice Presidence:  Name and Address:  Edward J. Zulkey  300 E Randolph St Ste 436
The name, title or caparate or Capacity:  Member  Attached is a certificate risdiction under the law	corporation Service Company By:  (Registered agent.  Corporation Service Company By:  (Registered agent.  Registered agent.  Registered agent.  (Registered agent.  Registered agent.  Chicago, IL 60601  Essary)  cof existence, no more than 90 days of of which it is organized. (If the certif	per and complete performance of  nat's signature)  to has/have authority to manage is/a:  Title or Capacity:  LLC Secretary  00	re:  Name and Address: Edward J. Zulkey 300 E Randolph St Ste 436 Chicago, IL 60601
The name, title or caparitle or Capacity:  Member  Mischael is a certificate risdiction under the law the translator must be so. This document is executive.	corporation Service Company By:  (Registered agent. Corporation Service Company By:  (Registered agent. Registered agent. Registered agent.  (Registered agent. Registered agent.  Registered agent. Registered ag	that's signature)  to has/have authority to manage is/as  Title or Capacity:  LLC Secretary  Oold, duly authenticated by the official cate is in a foreign language, a trail  (20) (1) (b), Florida Statutes. I am a	re:  Name and Address: Edward J. Zulkey 300 E Randolph St Ste 430 Chicago, IL 60601
The name, title or caparitle or Capacity:  Member  Mischael is a certificate risdiction under the law the translator must be so. This document is executive.	corporation Service Company By:  (Registered agent. Corporation Service Company By:  (Registered agent. Registered agent. Registered agent.  (Registered agent. Registered agent.  Registered agent. Registered ag	per and complete performance of  the signature)  to has/have authority to manage is/as  Title or Capacity:  LLC  Secretary  old, duly authenticated by the official cate is in a foreign language, a trainable of the complete statutes. I am a third degree felony as provided for the complete statutes.	re:  Name and Address: Edward J. Zulkey 300 E Randolph St Ste 430 Chicago, IL 60601

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BAKER MCKENZIE BUSINESS SERVICES FL

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 TENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BAKER MCKENZIE BUSINESS SERVICES FL LLC" WAS FORMED ON THE NINTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203232254

Date: 08-10-18