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(Requestor's Name)
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MIN OF STATE STATE

O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195	
	REFERENCE : 460206 4304369	
	AUTHORIZATION : Spelled Roman	
	COST LIMIT : \$ 125.00	
ORDER DATE :	October 30, 2018	
ORDER TIME :	2:04 PM	
ORDER NO. :	464206-005	
CUSTOMER NO:	4304369	
	FOREIGN FILINGS	-
NAME:	MARTIN INVESTMENT MANAGEMENT, LLC	

XXXX QUALIFICATION (TYPE: <u>LL</u>)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Emily Croft EXT# 62925
EXAMINER:

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	าร			
~	o en	Martin Investme	nt Management, L	LC	
SUBJI	ECT:	Name of	Limited Liability C	Company	
					ansact Business in Florida," Certificate of y company to transact business in Florida.
Please	return all correspondence (concerning this matter to the	following:		
		N	ame of Person		
		F	irn/Company		
		- 	Address	. <u></u>	
		City/S	state and Zip Code		
		E-mail address: (to be use	d for future annual	report not	ification)
For fur	ther information concerning	g this matter, please call:			
	No.	of Contact Person	at (Area Code	.)	time Telephone Number
	Name (or Contact Person	Area Code	Day	Time Telephone Number
	MAILING ADDRESS: Division of Corporations				<u>CADDRESS:</u> of Corporations
	Registration Section				ion Section
	P.O. Box 6327			Clifton B	
	Tallahassee, Fl. 32314				ecutive Center Circle see, FL 32301
Enclos	ed is a check for the follow	ring amount:			
	□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certificate of Status & 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:

il name unavadable, enter altern	te name intopical for the purpose of transacting business in Flo	anda. The afternate name must by hale "I mill	ted Codulity Company, L.L.C," or "LLC, a
. Illinois		3. 36-3605596	
	of which foreign limited liability company is organized)	<u>(III</u>	inumber, if applicable)
Upon filing			
	(Date first transacted business in Florida, if prior to (See acctions 605,0901 & 605,0905, F.S. to determine	registration) ino penalty liability)	
1560 Sherman Ave		6. 1560 Sherman Ave., #	/1250
	of Principal Office)	·	ng Address)
Evanston, IL 60201		Evanston, IL 60201	
	· · · · · · · · · · · · · · · · · · ·		
. Name and street add	ress of Florida registered agent: (P.O. Box	NQT acceptable)	
Name;	Corporation Service Company		
Office Address	: 1201 Hays Street		
	Tallahassee	Florida 32301	
laving been named as lesignated in this appli o comply with the prov	cptance: registered agent and to accept service of p cation, I hereby accept the appointment a visions of all statutes relative to the proper	process for the above stated lin s registered agent and agree to	in code) nited liability company at the place) act in this capacity. I further acre
esignated in this appli comply with the prov	cptance: registered agent and to accept service of periodication, I hereby accept the appointment a	orocess for the above stated lings registered agent and agree to and complete performance of	in code) nited liability company at the place) act in this capacity. I further acre
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laving been named as lesignated in this appli o comply with the prov nd accept the obligati	cptance: registered agent and to accept service of pication, I hereby accept the appointment axisions of all statutes relative to the proper ons of my position as registered agent. Corporation Service Company By: (Registered agent of the proper of the	orocess for the above stated lings registered agent and agree to and complete performance of Riginture)	in code) nited liability company at the place of act in this capacity. I further agre iny duties, and I am familiar with loxanne Turner it. Vice President
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laving been named as designated in this applicated in this applicated comply with the provind accept the obligation. The name, title or continued in the continued continu	eptance: registered agent and to accept service of pleation, I hereby accept the appointment avisions of all statutes relative to the proper ons of my position as registered agent. Corporation Service Company By: (Registered agent of the person(s) who has a Name and Address: Patrick A. Martin 1560 Sherman Ave., #1250 Evanston, IL 60201 Mary E.M. Zellerbach 1560 Sherman Ave., #1250 Evanston, IL 60201	process for the above stated lings registered agent and agree to and complete performance of Assignature) Assignature Title or Capacity:	inted liability company at the place of act in this capacity. I further agree my duties, and I am familiar with standard Turner at. Vice President are: Name and Address: Sandra S. Martin 1560 Sherman Ave., #1250

Patrick A. Martin, Manager

File Number

0063409-3



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

MARTIN INVESTMENT MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 30, 2001, 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 30TH day of OCTOBER A.D. 2018 .

Authentication #: 1830302224 verifiable until 10/30/2019

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

esse White