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Account#: 120000000088

Date:	11/15/2018		
Name:	Michael Peterson		
Reference #:	1012959	-	
Entity Name:	BDP Employn	nent Services, LLC	
✓ Articles	s of Incorporation/Authorization	o Transact Business	
Amendment			
☐ Change of Agent			
Reinstatement			
Conve	rsion		
☐ Merger			
☐ Dissolution/Withdrawal			
☐ Fictitious Name			
1 Other Certified copy upon filing			
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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: BDP EMPLOYMENT SERVICES, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") DELAWARE (FEI mumber, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 1000 W. Irving Park Road, Suite 150 201 S. Biscayne Blvd., Suite 1950 (Mailing Address) (Street Address of Principal Office) Itasca, IL 60143 Mlemi, FL 33131 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Weans Concalde Asst. Soly
(Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Name and Address; Title or Capacity: Name and Address: Title or Capacity: Kevin Carroll Manager Steve Poulos Manager 201 S. Giscayne Styri., Skide 1950 1000 W. Irving Park Rossi, Suite 150 Ment FL 23131 Danca, FL 60143 Anthony Pricco, Manager Anthony Pricco, Manager John Maduros Menager 350 W. Hubbard Street, Bulle 430 1000 W. Irving Park Road, Skille 150 Chicago, IL 60614 ttance, G. 60143 (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized octron

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "BDP EMPLOYMENT SERVICES, 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 FIFTEENTH DAY OF NOVEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BDP EMPLOYMENT SERVICES, LLC" WAS FORMED ON THE ELEVENTH DAY OF DECEMBER, A.D. 2012.

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

18 NOV 15 AH 3: 20

Authentication: 203910129

Date: 11-15-18

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