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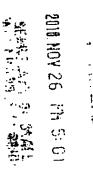
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January 10, 2018

JOY MKRDICHIAN 70 W MADISON ST STE 1500 CHICAGO, IL 60602

SUBJECT: WWIL PERSONNEL LLC

Ref. Number: W18000002825

We have received your document for WWIL PERSONNEL LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 718A00000672

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org

## AFPLICATION 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:

				· Campanii "	"1   C " or '		
If name unavailable, enter alternate	name adopted for the purpose of transacting business in	n Florida. The i	lternate name must include "Limited Liabit	ity Company,	L L.C. Of	i,EC /	
2. ILLINOIS	The Land Land Land Land Land Land Land Land	3	(FEI number	, it applicable)			
(Jurisdiction under the law of	which foreign limited liability company is organized)		<b>(-</b>				
4. 1/1/2018				<u>-</u>			
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registratio stermine penalty	ı.) liability)				
5 1815 S. MEYERS R	OAD	6.	1815 S. MEYERS ROAD				
(Street Address o	f Principal Office)	-	(Mailing Address	ss)	چي خ	201	
SUITE 600			SUITE 600	(0101	- 124	Konlete	
OAKBROOK TERR	ACE IL 60181		OAKBROOK TERRACE II	_60181		<u></u>	
						92	•
7. Name and street addr	ess of Florida registered agent: (P.O.)	Box <u>NOT</u>	acceptable)		19"	-τ:	<b>*</b> ****
Mariani	NATIONAL REGISTERED AGE	NTS, INC			 	<u> </u>	,,,,,
Name:					超至	e. Gi	
Office Address	: 1200 SOUTH PINE ISLAND ROA	AD	<del></del>		Tal r		
	PLANTATION		, Florida <u>33324</u>				
	(City)		(Zip code)	)			
		•	omplete performance of my d		-		
and accept the obligation	ons of my position as registered agent.	. De	autacha				
,	ons of my position as registered agent.  (Registered ag	gent's signature	antached		·		
,	(Registered agenta (Registered agenta)	gent's signature	antached		nd Addr		
8. The name, title or ca <u>Title or Capacity:</u>	(Registered agenta (Registered agenta)	gent's signature	authority to manage is/are:				
8. The name, title or ca	(Registered agent.  (Registered agent.)  apacity and address of the person(s) when Name and Address;	gent's signature no has/have	authority to manage is/are:				
8. The name, title or ca <u>Title or Capacity:</u>	(Registered agent.  (Registered agent.)  apacity and address of the person(s) when Name and Address:  WII INDUSTRIES, INC.  1815 S. MEYERS ROAL	gent's signature no has/have	authority to manage is/are:				
8. The name, title or ca <u>Title or Capacity:</u>	(Registered agent.  (Registered agent.)  apacity and address of the person(s) when Name and Address:  WII INDUSTRIES, INC.  1815 S. MEYERS ROAL	gent's signature no has/have	authority to manage is/are:				
8. The name, title or ca <u>Title or Capacity:</u>	(Registered agent.  (Registered agent.)  apacity and address of the person(s) when Name and Address:  WII INDUSTRIES, INC.  1815 S. MEYERS ROAL	gent's signature no has/have	authority to manage is/are:				
8. The name, title or ca Title or Capacity: MANAGER	(Registered agent.  (Registered agent.)  (Registere	gent's signature no has/have	authority to manage is/are:				
8. The name, title or ca Title or Capacity: MANAGER  (Use attachments if nec	eessary)  (Registered agent.  (Registered agen	gent's signature no has/have	authority to manage is/are:	Name a	nd Addr	ess:	
8. The name, title or ca Title or Capacity: MANAGER  (Use attachments if necessition	(Registered agent.  (Regis	gent's signature no has/have	authority to manage is/are: itle or Capacity:	Name a	nd Addr	ess:	the
8. The name, title or ca Title or Capacity: MANAGER  (Use attachments if necessary)  9. Attached is a certification under the late of the translator must be to the translator must be the translato	(Registered agent.  (Regis	gent's signature no has/have  O STE E IL 6  old, duly a ificate is in	authority to manage is/are:  Citle or Capacity:  uthenticated by the official ha a foreign language, a translation). Florida Statutes, I am awar	Name a	nd Addr	ess: ords in a	the
8. The name, title or ca Title or Capacity: MANAGER  (Use attachments if necessary)  9. Attached is a certification under the late of the translator must be to the translator must be the translato	eessary) ate of existence, no more than 90 days aw of which it is organized. (If the certice submitted)  Recuted in accordance with section 605 at to the Department of State constitutes	gent's signature no has/have D STE E IL 6  old, duly a ificate is in .0203 (1) (s a third de	authority to manage is/are:  Title or Capacity:  uthenticated by the official ha a foreign language, a translation), Florida Statutes, I am awaregree felony as provided for in second	Name a	nd Addr	ess: ords in a	the
8. The name, title or ca Title or Capacity: MANAGER  (Use attachments if necessary)  9. Attached is a certification under the late of the translator must be to the translator must be the translato	eessary) ate of existence, no more than 90 days aw of which it is organized. (If the certice submitted)  Recuted in accordance with section 605 at to the Department of State constitutes	gent's signature no has/have  O STE E IL 6  old, duly a ificate is in	authority to manage is/are:  Title or Capacity:  uthenticated by the official ha a foreign language, a translation), Florida Statutes, I am awaregree felony as provided for in second	Name a	nd Addr	ess: ords in a	the

Typed or printed name of signee

## 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:

(Name of Foreign i		t Liabibio Company " " I C " or " I L	<b>"</b> }
	Jimited Liability Company; must include Thinnee	I Liability Company," "L.L.C.," or "LLC.	,
	me adopted for the purpose of transacting business in Flor	ids. The alternate name must include "Lumited L	iability Company," "L. L.C," or "LLC ")
	me adopted for the pulpose of unitsacting obsaices in the	-	
(Jurisdiction under the law of wh	ich foreign himited hability company is organized)	S(FEI nu	inber, it applicable)
1/1/2018	(Date first transacted business in Florida, if prior to	registration )	<del>_</del>
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine		~
1815 S. MEYERS RO	AD	6. 1815 S. MEYERS ROAI	ddress)
(Street Address of P	nneipal Office)	SUITE 600	
	CE II (0181	OAKBROOK TERRAC	E IL 60184. 2
OAKBROOK TERRA	CEIL 60181	V. 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00 11.00	711
		NOTH-)	7 2
Name and street address	s of Florida registered agent: (P.O. Box		r N
Name:	NATIONAL REGISTERED AGENT	S, INC.	17
	1200 SOUTH PINE ISLAND ROAD		7 = 1 K
Office Address:	1200 300 1111 1112 102111 2		
	PLANTATION (City)	, Florida 33324	<u></u> 登為 三
па ассері іне овиданов			
•	s of my position as registered agent.		
, -		s signature)	<del></del>
	Leta Singleton Registered agent		e:
8. The name, title or cap			
<ol> <li>The name, title or cap <u>Title or Capacity:</u></li> </ol>	Leta Singleton Registered agent's acity and address of the person(s) who have and Address:	nas/have authority to manage is/ar	e:
8. The name, title or cap	Leta Singleton Registered agent's eacity and address of the person(s) who have and Address:  WJI INDUSTRIES, INC.  1815 S. MEYERS ROAD S.	nas/have authority to manage is/ar <u>Title or Capacity:</u>	e:
8. The name, title or cap Title or Capacity:	Leta Singleton (Registered agent's pacity and address of the person(s) who have and Address: WII INDUSTRIES, INC.	nas/have authority to manage is/ar <u>Title or Capacity:</u>	e:
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8. The name, title or cap  Title or Capacity:  MANAGER  (Use attachments if nece	Leta Singleton Registered agent's sacity and address of the person(s) who have and Address: WJI INDUSTRIES, INC. 1815 S. MEYERS ROAD S. OAKBROOK TERRACE II	Title or Capacity:  TE	e: Name and Address:
8. The name, title or cap  Title or Capacity:  MANAGER  (Use attachments if necessary)  9. Attached is a certifical jurisdiction under the lay	Leta Singleton Registered agent's sacity and address of the person(s) who have and Address:  WJI INDUSTRIES, INC.  1815 S. MEYERS ROAD S.  OAKBROOK TERRACE II.  Person of existence, no more than 90 days old by of which it is organized. (If the certific	Title or Capacity:  TE6	e:  Name and Address:  Having custody of records in
8. The name, title or cap  Title or Capacity:  MANAGER  (Use attachments if neces  9. Attached is a certifica jurisdiction under the law of the translator must be	Leta Singleton (Registered agent's pacity and address of the person(s) who have and Address:  WJI INDUSTRIES, INC.  1815 S. MEYERS ROAD S.  OAKBROOK TERRACE II.  Person of existence, no more than 90 days old you which it is organized. (If the certific submitted)	Title or Capacity:  The or Capacity:  The of Cap	al having custody of records in islation of the certificate under
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8. The name, title or cap  Title or Capacity:  MANAGER  (Use attachments if neces  9. Attached is a certifica jurisdiction under the law of the translator must be	Leta Singleton Registered agent's reacity and address of the person(s) who have and Address:  WJI INDUSTRIES, INC.  1815 S. MEYERS ROAD S.  OAKBROOK TERRACE II  Person of existence, no more than 90 days old with it is organized. (If the certific submitted)  recuted in accordance with section 605.02 to the Department of State constitutes a	Title or Capacity:  The or Capacity:  The of Cap	e:  Name and Address:  al having custody of records in its is a state of the certificate under aware that any false informatio
8. The name, title or cap  Title or Capacity:  MANAGER  (Use attachments if neces  9. Attached is a certifica jurisdiction under the law of the translator must be	Leta Singleton Registered agent's reacity and address of the person(s) who have and Address:  WJI INDUSTRIES, INC.  1815 S. MEYERS ROAD S.  OAKBROOK TERRACE II  Person of existence, no more than 90 days old with it is organized. (If the certific submitted)  recuted in accordance with section 605.02 to the Department of State constitutes a	Title or Capacity:  TE  d. duly authenticated by the officiants is in a foreign language, a translate is in a foreign language, a translated degree felony as provided foreign degree felony as provided foreign authorized person	al having custody of records in islation of the certificate under

Typed or printed name of signee



## 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

WWIL PERSONNEL LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 21, 2017, 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 22ND day of DECEMBER A.D. 2017.

Authentication #: 1735601368 verifiable until 12/22/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE