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| (Busi | iness Entity Nar | ne) |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to F | iling Officer: | |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 512693 7175508

/Λ ,

AUTHORIZATION :

COST LIMIT : \$ 155.00

ORDER DATE: December 4, 2018

ORDER TIME : 9:36 AM

ORDER NO. : 512693-005

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: RUSHMORE PGA SIDECAR, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:

Registration Section

| Div | ision of Corporations | | | | | |
|--------------------|---|--|--|--|--|--|
| SUBJECT: | RUSHMORE PGA SIDECAR, LLC | | | | | |
| 0000000 | Name of Limited Liability Company | | | | | |
| | l "Application by Foreign Limited Liability Com ad check are submitted to register the above refer | | | | | |
| Please return | all correspondence concerning this matter to the | e following: | | | | |
| | ŀ | IEIDI KIGHT | | | | |
| | Name of Person | | | | | |
| | LEVENFELD PEARLSTEIN, LLC | | | | | |
| | Firm/Company | | | | | |
| | 2 N. LASALLE STREET, SUITE 1300 | | | | | |
| | Address | | | | | |
| | CHICAC | GO. ILLINOIS 60602 | | | | |
| | City/S | State and Zip Code | , | | | |
| HKIGHT@LPLEGAL.COM | | | | | | |
| | E-mail address: (to be use | ed for future annual report no | tification) | | | |
| For further in | nformation concerning this matter, please call: | | | | | |
| | HEIDI KIGHT | 312 at () | 476-7515 | | | |
| | Name of Contact Person | `` / | rtime Telephone Number | | | |
| Div Reg P.O | ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, FL 32314 | Division Registrat Clifton B 2661 Exc | FADDRESS: of Corporations ion Section duilding ecutive Center Circle sec, FL 32301 | | | |
| | check for the following amount: 125.00 Filing Fee | ■ \$155.00 Filing Fee & 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 COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | RUSHMORE PGA SII (Name of Foreign | DECAR, LLC Limited Liability Company; must include "Limit | ed Liability (| Conspany," "L.L.C.," or "ELC.") | | |
|---|--|---|-------------------------------|--|--------------------------------------|----------|
| atr | name vnavzilable, enter alternate n | ance adopted for the purpose of transacting business in Fl | orida. The alter | mate name stast include "Limited Lia | bility Company," "L.L.C," or "LLC.") | |
| | ILLINOIS | Sick foreign limited liability company is organized) | 3 | | ber, if applicable) | |
| 4. | UPON FILING | | | | | |
| | | (Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ | | | | |
| 5. | 162 W. HUBBARD A | VENUE, 4TH FLOOR Principal Office) | 6 | 62 W. HUBBARD AVE | NUE, 4TH FLOOR | |
| (Street Address of Princi CHICAGO, ILLIN | | | | CHICAGO, ILLINOIS 60654 | | _ |
| | | | _ | | · ; | |
| 7. | Name and street address | ss of Florida registered agent; (P.O. Bo | x <u>NOT</u> ac | ceptable) | 1 123 | |
| | Name: | Corporation Service Company | | | 715 | |
| | Office Address: | 1201 Hays Street | | | 2.5 2.5 | |
| | | Tallahassee | | , Florida 32301 (Zip cod | (a) | |
| des to | signated in this applica comply with the provisi | gistered agent and to accept service of them, I hereby accept the appointment of the statutes relative to the prope s of my position as registered agent. Corporation Service Company By: (Registered agent) | ns register r and com | ed agent and agree to act | in this capacity. I further ag | rei h |
| 8. | The name, title or capa Title or Capacity: | acity and address of the person(s) who h Name and Address: | | thority to manage is/are: | Name and Address: | |
| | MANAGER | MARC REINISCH | | | | |
| | | 162 W. HUBBARD AVENUE, 4TH FI COR CHICAGO, ILLINOIS 60654 | _ _ | | | |
| | <u> </u> | | <u>-</u> – | | | _ |
| α. | Ise attachments if neces | Sary) | | | | |
| 9 jur of | Attached is a certificate is diction under the law the translator must be so . This document is exec | of existence, no more than 90 days old, of which it is organized. (If the certifical abmitted) | ite is in a f 03 (1) (b)./ | oreign language, a translat Florida Statutes, I am awgi | ion of the certificate under oat | h |
| sut | omitted in a document to | o the Department of State constitutes a th | tird destroy | Tolony as provided for in | s.817.155, F.S. | |
| | | Signatur | e of an authori | zed person | | |
| | | MARCRE | EINISCH, | MANAGER | <u>.</u> | |
| | | Typed | er printed name | ofsignee | | |

File Number

0740862-5



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

RUSHMORE PGA SIDECAR, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 30, 2018, 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 day of DECEMBER A.D.

Authentication #: 1833802626 venfiable until 12/04/2019 Authenticate at: http://www.cyberdriveiflinois.com

esse White

SECRETARY OF STATE