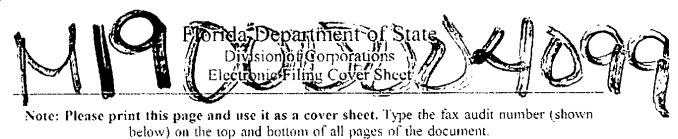
To: Page 2 of 5 Division of Corporations



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Foreign Limited Liability Company TRANSFORM SR HOLDING MANAGEMENT LLC

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Help

IN COMPLIANCE WITH SECTION 605/0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSICT BUSINESS. IN THE STATE OF FLORIDA:

I name unavailable, enter alternate na	one adopted for the purpose of transacting business in Flo	rida. The alten	rate manie must molude? Launted Lashility C	ompany," "L L C," er '	
Delaware					
2. Guisalection uniteribe lies of which toxogu him ed tiabilit, company is organized;		3	AFE unobac il e	त्य । विद्वार्थान्याभिका	
·				_	
	(Date that transacted becauses in Florida, if provide (See sections 695 0001 & 605,005, 7.8, to determ	registration.) our peanelly fair	eldy)		
3333 Beverly Road		3333 Beverly Road		2019	
(Since Address of P	ancipal Other)	6	(Mading Addrasa)	-5 7	
Hoffman Estatos, IL 60	0179	11	offman Estates, II. 60179	APR 23	
				- <u> </u>	
Name and street address	s of Florida registered agent (P.O. Box	NOT acc	eptable)	- Time 2	
Name:	CTCorporationSystem				
Office Address:	1200SouthPineIslandRoad				
	Plantation		33324 , Flonda		

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.

Ву:	CTCorporationSystem	7
	(Registered agent's signature)	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managets or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: TRANSFORM KM HOLDING LEC	Manager	Name:
⊠Member	Address:	☐ Member	Address:
Authorized	3333 Beverly Road	Authorized	
Person	Hoffman Estates, IL 60179	Person	
Other	Other	Other	Other
■Manager	Name: TransformSRLLC	Manager	Name: 200 3
⊠Member	Address:	Member	Address: P 73
Authorized	3333 Beverly Road	Authorized	W Mo
Person	Hoffman Estates, IL 60179	Person	PH
Other	Other	Other	Other
☐Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Nuthorized		Authorized	
Person		Person	
Orher	Other	Other	Other
indexed individuals 9. Attached is a cert jurisdiction under th of the translator mu 10. This document if	Use an attachment to report more than six (6). The may be added to the index when filing your Florinficate of existence, no more than 90 days old, dure law of which it is organized. (If the certificate is the submitted) accordance with section 605,0203 (ment to the Department of State constitutes a third	da Department of State ly authenticated by the s in a foreign language. 1) (b), Florida Statutes.	Annual Report form, official having custody of records in the a translation of the certificate under oath. I am aware that any false information.
	Melan		
	•	m sufficient person	
	WilliamChisam		

Typed or printed name of signer

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRANSFORM SR HOLDING MANAGEMENT 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 TWENTY-THIRD DAY OF APRIL, A.D. 2019.

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

2019 APR 23 PM 12: 50



7249920 8300

SR# 20193079249

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jostray W. Bultach, Saturdary of State

Authentication: 202692176

Date: 04-23-19