1/190000004616

(F	Requestor's Name)	
(A	Address)	
(F	Address)	
(C	City/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	me)
(C	Document Number))
Certified Copies	Certificate	s of Status
Special Instructions t	o Filing Officer:	
,	5	
	 .	



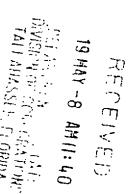


200329235812

FILED

19 NAY -8 PH II: 30

STORE VORTER TLORID



K SALY MAY 0 9 2019

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

D	ate:	5/8	/2019	wie DW
		Acc	c#I20160000072	4: C)-V
Name:	ACTUA	TE LAW, I	LC	
Document #:				
Order #:	TBA - (. JEWELL		
Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial		Count	try of Destination:	
Certification:		Numt	per of Certs:	
Filing: 🚺	Cer Plai COC			
Availability Document Examiner Updater Verifier Ref# Ref#	Ame	ount: \$ 1	25.00	

Thank you!

COVER LETTER

. .

.

TO: Registration Section

Div	vision of Corporations			
CHID IECT.	ACTUATE LAW, LLC			
SOBJECT:	Name of Limited Liability Company			
The enclosed Existence, ar	d "Application by Foreign Limited Liability Compan nd check are submitted to register the above reference	y for Authoriza ed foreign limi	ation to Transact Business in Florida, ted liability company to transact busing	' Certificate of ness in Florida.
Please return	all correspondence concerning this matter to the fol	llowing:		
	Philip J. Tortorich			
	Nam	e of Person		
	ACTUATE LAW, LLC			
	Firm	/Company		
	641 W. LAKE STREET, 5th FLOOR			
		Address		
	CHICAGO, IL 60661			
	City/State	e and Zip Code		
	philip.tortorich@actuatelaw.com			
	E-mail address: (to be used for	or future annual	report notification)	
For further in	nformation concerning this matter, please call:			
Phi	lip J. Tortorich	312 at (579-3129)	
	Name of Contact Person	Area Code	Daytime Telephone Number	
Div Reg P.O	ision of Corporations gistration Section Box 6327 Ishassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Plea	closed is a check for the following amount: ase make check payable to: FLORIDA DEPARTM \$125.00 Filing Fee \$\square\$ \$130.00 Filing Fee & Certificate of Status	\$155.00	Filing Fee & S160.00 Filing ed Copy of Status & Cer	

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:

$_{1.}$ ACTUATE LAW, LL				
(Name of Foreign	Limited Liability Company; must include "Lim	ited Liability Company	'," "L.L.C.," or "LLC.")	
f name unavailable, enter alternate	name adopted for the purpose of transacting business in l	Florida The alternate name	must include "Limited Liabili	ity Company," "L.L.C," or "L.L.C.")
ILLINOIS !.		3		
(Jurisdiction under the law of w	which foreign limited liability company is organized)		(FEI number	, if applicable)
MAY 7, 2019				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to deter	to registration.) mine penalty liability)		
641 W. Lake Street, 5				
(Street Address of	Principal Office)	6	(Mailing Address	rs)
Chicago, IL 60661				
	·			
				2.50 9
				
		31077	,	हिंदी के र
/. Name and street addre	ss of Florida registered agent: (P.O. Bo	ox NOI acceptable	e)	PH I
				PH 11: 30
Name:	C T Corporation System			984 3 8
	1200 South Pine Island Road			200
Office Address:	South Pine Island Road			
	Plantation		33324	
	(City)	, , I	Florida(Zip code)	
	(~")		(Elp (ode)	

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.

Michael C. Jones Michael E. Jones, Asst. Secy.

19 MAY -8 PM 11:30	F	11 0
Sic. & PMII.	''4'	^
(A) (15)	SIC	8 PM 11:30

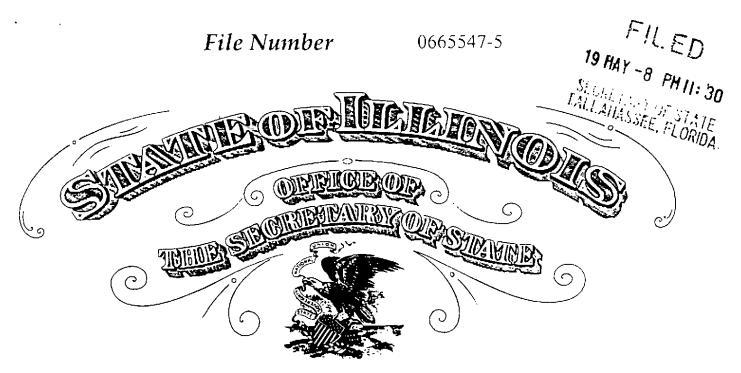
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Doug Albritton	Manager	Name: Charles Chejfec
■Member	Address: 641 W. Lake Street, 5th Flr	■ Member	Address: 641 W. Lake Street, 5th Flr
Authorized	Chicago, IL 60661	Authorized	Chicago, IL 60661
Person		Person	
Other	Other	Other	Other
■Manager	Name:	■ Manager	Name: Philip Tortorich
■Member	Address: 641 W. Lake Street, 5th Flr	■ Member	Address: 641 W. Lake Street, 5th Fla
Authorized	Chicago, IL 60661	Authorized	Chicago, IL 60661
Person		Person	
Other	Other	Other	Other
■Manager	Name: Martin Tully	Manager	Name:
■Member	Address:	Member	Address:
Authorized	Chicago, IL 60661	Authorized	
Person		Person	
Other	Other	Other	Other

indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.

Plif 20		
	Signature of an authorized person	
Philip Tortorich		
	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

ACTUATE LAW, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 15, 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 7TH 2019

day of

MAY

A.D.

Authentication #. 1912703252 verifiable until 05/07/2020 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE