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DATE: 8/16/19

NAME: **R&S GROWN MANAGEMENT, LLC**

TYPE OF FILING: APPLICATION

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AUTHORIZATION: ABBIE/PAUL HODGE & Hodge

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:

I. R&S GROWTH MAN (Name of Foreign	AGEMENT, LLC Limited Liability Company; must include "Limite	d Linbilit	ility Company," "L.L.C.," or "LLC.")		
if name unavailable, enter alternate n	ume adopted for the purpose of transacting business in Flo	rida. The a	e alternate name must include "Limited Liability Company," "L.L.C," or	·LLC.	
DELAWARE (Jurisdiction under the taw of which foreign limited liability company is organized)		47-1096368 3(FEI number, if applicable)			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration	ion.)		
18W140 BUTTERFIELD ROAD, #940 (Street Address of Principal Office)		<i>б</i> .	18W140 BUTTERFIELD ROAD, #940		
OAKBROOK TERRACE, IL 60181			OAKBROOK TERRACE, IL 60181		
Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	<u>NOT</u> (Lacceptable)		
Name:	CORPORATION SERVICE COMPA	NY 		1	
Office Address:	1201 HAYS STREET			. '	
	TALLAHASSEE		, Florida	,	

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.

(Registered agent's signature) Deb Reeves, Assistant Vice President

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

.

Title or Capacity:	Name and Address:	<u>Title or Capacity:</u>		Name and Address:
Manager	Name:	Manager	Name:	
Member	Address:	Member		
Authorized	SUITE 940	Authorized		
Person	OAKBROOK TERRACE, IL 60181	Person		
Other	Other	Other		Other
Manager	Nате:	Manager	Name:	
Member	Address:	Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other
Manager	Name:	Manager	Name:	2019 AU
Member	Address:	Mcmber	Address:	س ت. ش
Authorized		Authorized		
Person		Person		
Other	Other	Other		Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-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.

1 N		
	Signature of an authorized person	·
KENNETH W. CLINGEN		
	Typed or printed name of signce	



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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "R&S GROWTH 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 SIXTEENTH DAY OF AUGUST, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "R&S GROWTH MANAGEMENT, LLC" WAS FORMED ON THE THIRTEENTH DAY OF JUNE, A.D. 2014.

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



Jeffrey W. Duffeck, Secretary of State

Authentication: 203421540

Date: 08-16-19

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