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2019 KTT 22 | KET II: 43

T GLASS NOV 2 5 2019 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 060429 4359881				
AUTHORIZATION: Spelle man				
COST LIMIT : \$ 125.00				
ORDER DATE : November 22, 2019				
ORDER TIME : 2:58 PM				
ORDER NO. : 060429-020				
CUSTOMER NO: 4359881	2019			
	다. :			
FOREIGN FILINGS	22 5311:43			
NAME: 7710 SERVICE COMPANY, LLC				
XXXX QUALIFICATION (TYPE: <u>LL</u>)				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING				
CONTACT PERSON: Amanda Robinson EXT# 62968				

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: _	Na	me of Limited Liability	Company	_		
	Application by Foreign Limited Liability check are submitted to register the above					
Please return a	Il correspondence concerning this matter	to the following:				
	Ronna Zack					
	Name of Person					
	Patzik, Frank & Samotny Ltd.					
	Firm/Company					
	200 S. Wacker Dr., Suite 2700					
		_				
	Chicago, IL 60606					
	e	_				
	rzack@pfs-law.com			2019		
	E-mail address: (to b	be used for future annua	al report notification)			
For further info	ormation concerning this matter, please ca	all:		22		
Ronn	a Zack	312 at (551-3054	- · ·		
	Name of Contact Person	Area Code	Daytime Telephone Number	- : ::3		
Divisi Regisi P.O. I	LING ADDRESS: ion of Corporations tration Section Box 6327 nassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ပ်		
Please	sed is a check for the following amount: make check payable to: FLORIDA DE 125.00 Filing Fee \$130.00 Filing Certificate	Fee & 🔲 \$155.0		; Fee, Certificate rtified 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 FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1.	7710 SERVICE COMPANY, LLC			
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability	Company,""L.L.C.," or "LLC.")	
(If name unavailable, enter alternate of	name adopted for the purpose of transacting business in Flo	orida. The all	ernate name must include "Limited Liability Comp	usny," "L.L.C," or "LLC.")
Delaware 2. (Jurisdiction under the law of which foreign limited liability company is organized)		3.	47-1971481	
		5.	(FEI number, if applie	cable)
n/a 4.				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) ability)	
3250 Lacey Road, Suite 140			3250 Lacey Road, Suite 140	
(Street Address of	Principal Office)	υ	(Mailing Address)	
Downers Grove, IL 60515			Downers Grove, IL 60515	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT a	cceptable)	2319
Name:	Corporation Service Company			22
Office Address:	1201 Hays Street			::- ::::::::::::::::::::::::::::::::::
	Tallahassee		32301 , Florida	ů
	(City)		(Zip code)	

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.

Corporation Service Company
By:

(Registered agent's signature)

Roxanne Turner Asst. 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: Title or Capacity: Name and Address: Name: Michael Rane Manager Name: _____ Address: 3250 Lacey Road, Ste. 140 Member [] Address: _____ Downers Grove, IL 60515 Authorized Authorized Person Person Other_____ Other Other_____ Other ____ Name: William Adamson Name: ____ Manager Manager Address: ___ ■ Member Member Address: _____ Downers Grove, IL 60515 Authorized ☐ Authorized Person Person Other____ Other Other____ Other Manager Manager Manager Member Address: _______ ☐ Member ___Authorized Authorized Person Person Other_____ Other_ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. CROWNA SUCK
Signal pre-of an authorized person

Ronna Zack

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "7710 SERVICE COMPANY, 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-SECOND DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "7710 SERVICE COMPANY, LLC" WAS FORMED ON THE FIFTEENTH DAY OF SEPTEMBER, A.D. 2014.

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



Authentication: 204068910

Date: 11-22-19