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Account#: I20000000088

Date:01/03/2020		
Name: Jennifer Bialowas		
Reference #: 1170995		
Entity Name:	AS 1902, LLC	_
✓ Articles of Incorporation/Author	rization to Transact Business	
Amendment		
Change of Agent		2023
Reinstatement		نائیا پ ز :
Conversion		ر: د:
Merger		
☐ Dissolution/Withdrawal		77 5
Fictitious Name		
OtherUpon filing ple	ease provide evidence and good standing	
Authorized Amount: 130.00	0	
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	A\$ 1902, LLC				
3 3 4 -	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability (Company	-
				ntion to Transact Business in Florida, ted liability company to transact busi	
Please	return all correspondence concer	ning this matter to the foll	owing:		
	Francis Eminons				
		Name	of Person		_
	Nixon Peabody LLP				
Firm/Company					
	70 W Madison Stree	t - Suite 3500			
		A	ddress		-
	Chicago, IL 60602				
		City/State	and Zip Code		-
	fjemmons@nixonpeab	oody.com			207
	Е-п	nail address: (to be used fo	r future annua	report notification)	2020 J
For fur	ther information concerning this	matter, please call:			1
	Francis Emmons	а	312	977-4644	- 의 (··· - 크
	Name of Cor		Area Code	Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassec, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	<u>~</u>
	Enclosed is a check for the fol Please make check payable to:		ENT OF STA	TE	
	\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		Filing Fee & S160.00 Filing ed Copy of Status & Ce	Fee, Certificate

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:

Delaware		83-058	25510		
	ch foreign limited liability company is organized)	_ 3		(FEI number, if applica	· · · · · · · · · · · · · · · · · · ·
typissaichen under the tak of whi	en loveigh inninen nachtry company is organized)			(FEI number, 1; applies	nic)
N/A					
	(Date first transacted business in Florida, if pr (See sections 605 0904 & 605 0905, F.S. to di	ior to registration) etermine penalty hability)			
324 S Central		,			£3
(Street Address of Pr	nicipal Office)	6	-	Mailing Address)	<u> </u>
Chicago, IL 60644					
	,				
					ري
					
					ب ب
Name and <u>street address</u>	of Florida registered agent: (P.O.	Box NOT acceptab	ile)		23
Name:	COGENCY GLOBAL IN	IC.			
Office Address:	115 North Calhoun Str	eet, Suite 4			
	•				
	Tallahassee		Florida	32301	
	(City)				

(Registered agent's signature)

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: Title or Capacity: Name and Address: Name and Address: Name: Francis Emmons Name: Bruce Liimatainen Manager Manager Address: 70 W Madison - Suite 3500 Address: ______ 70 W Madison - Suite 3500 Member Member Chicago, IL 60602 Chicago, IL 60602 Authorized Authorized Person Person Other_ Other____ Other Other Name: Robert Pollman Name: Bill Klaczynski ■Manager Manager Manager Address: 824 S Central Address: 824 S. Central ∭Member Member Chicago, IL 60644 Chicago, IL 60644 Authorized Authorized Person Person Other____ Other____ Other_ Other___ Manager Manager Member Member Address: ______ 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. Francis Eminons

Typed or printed name of signee

The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "AS 1902, 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 THIRD DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AS 1902, LLC"

WAS FORMED ON THE FIFTH DAY OF JANUARY, A.D. 2018.

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

9353 FT _3 FH 9: 23



Authentication: 202112127

Date: 01-03-20