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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI		
	Name of Limited Liability Company	
Exister	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida,	
Please	eturn all correspondence concerning this matter to the following:	
	John James .	
	Name of Person	
	BDO USA, LLP	
	Firm/Company	
	5300 Patterson Ave SE, Suite 100	
	Address	
	Grand Rapids, MI 49512	
	City/State and Zip Code	
	jjames@bdo.com	
	E-mail address: (to be used for future annual report notification)	
For furt	er information concerning this matter, please call:	
	John James 616 575-8732	
	Name of Contact Person Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32301 Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$130.00 Filing Fee \$\$160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy Tallahassee, FL 32301 \$125.00 Filing Fee \$\$160.00 Filing Fee, Certificate of Status	te

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:

If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The a	Iternate name must inc	lude "Limited Liability	Compan	y," "L	J.C," or	LLC.
Delaware	hich foreign limited liability company is organized)	3.	36-3085224	(FEI number, i				
(Junisticiton under the lavy of w	nich foreign limited liability company is organized)			(FEI number, i	fapplicat	ile)		
07/01/2019	1							
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determine	registration ine penalty	.) liability)					
1420 Kensington Road		6.	5300 Patterson	Ave. SE, Suite	100			
(Street Address of	Principal Office)			(Mailing Address)				_
Oak Brook, IL 60523			Grand Rapids,	MI 49512				
							3 77	_ -
					ż	n n	1928 4.	- .
Name and street address	s of Florida registered agent: (P.O. Box	NOT a	cceptable)		.4 .**	ij	<u>Ç</u> .	
					•		5	; ;
Name:	Corporation Service Company					:	$\overline{\mathcal{O}}$: y
	1201 House Street				1 11		7,1	•
Office Address:	1201 Hays Street				* <u>1</u>	•	e.s	
	Tallahassee		701 1 -	32301				
	(City)	· . <u>-</u>	, Florida	(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.

(Registered agent's signature) Dwignet Courts, vice Profilent

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:
Manager	Name: BDO USA, LLP	Manager	Name: Bob Knott
Member	Address: 5300 Patterson Ave SE,	Member	Address:
Authorized	Suite 100	Authorized	Suite 110
Person	Grand Rapids, MI 49512	Person	Oak Brook, IL 60523
Other	Other	Other Principal	Other
Manager	Name: Lynn Calhoun	☐ Manager	Name:
☐Member	Address: 5300 Patterson Ave SE,	☐ Member	Address:
Authorized	Suite 100	Authorized	
Person	Grand Rapids, MI 49512	Person	
Other CFO (Men	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
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.

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Robert E Knoth



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

DELAWARE, DO HEREBY CERTIFY "BDO DIGITAL, 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 FIRST DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BDO DIGITAL,

LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 1980.

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



Authentication: 203023693

Date: 06-01-20