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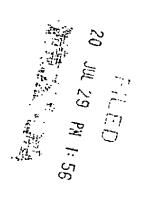
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PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 369950 7942166

AUTHORIZATION: Sould Reman

COST LIMIT : \$ 125.00

ORDER DATE : July 28, 2020

ORDER TIME : 7:06 AM

ORDER NO. : 369950-005

CUSTOMER NO: 7942166

#### FOREIGN FILINGS

NAME: BULLEY & ANDREWS, L.L.C.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

## 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. BULLEY & ANDREW (Name of Foreign	VS, L.L.C. Limited Liability Company; must include "Limite	d Liability Compan	y," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in Fl	lorida. The alternate na	tme must include "Limited Li	ability Compen	ıy." "L.I. (	;" or "LLC."
Illinois     (Jurisdiction under the law of which foreign limited liability company is organized)		3. 36-0853340 (FEI number, if applicable)				
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) ine penalty liability)				
5. 1755 W. Armitage Av (Street Address of Principal Office)		6. 1755 V	V. Armitage Ave		<del></del>	
Chicago, IL 60622		Chicag	o, IL 60622		_	
	· · · · · · · · · · · · · · · · · · ·			AL AL	0	
7. Name and street addres	s of Florida registered agent: (P.O. Box	<u>NOT</u> acceptab	le)		JUL 29	
Name:	Corporation Service Company				₹	
Office Address:	1201 Hays Street			27	1: 56	
	Tallahassee (City)	,	Florida 32301 (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.

By: Miller | Willer

KADESHA ROBERSON, 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:		
■Manager	Name: Timothy C. Puntillo	■Manager	Name: Mark Evans		
□Member	Address: 1755 W. Armitage Ave	□Member	Address: 1755 W. Armitage Ave		
Authorized	Chicago, IL 60622	<b>■</b> Authorized	Chicago, IL 60622		
Person		Person			
□Other	Other	□ Other	Other		
□Manager	Name:	□Manager	Name:		
□Mcmber	Address:	□Member	Address:		
□Authorized		□Authorized			
Person		Person			
Other	Other	□Other	Other		
			45. 20		
□Manager	Name:	□Manager	Name:		
□Member	Address:	□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. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

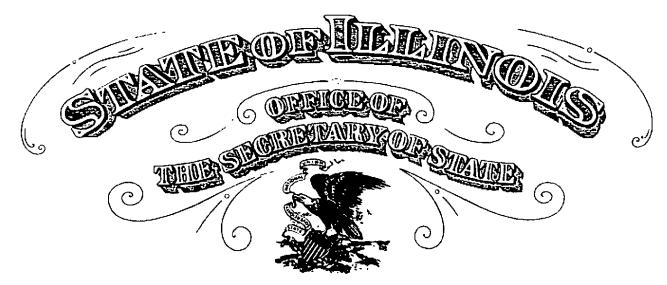
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Signature of an authorized person

Timo Thy C. Puntilo

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

BULLEY & ANDREWS, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 22, 1999, 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 24TH day of JULY A.D. 2020 .

Authentication #: 2020600674 verifiable until 07/24/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE