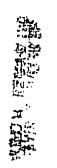
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JUL 31 2020 M. SOLOMON



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	07/30/2020	
Name:		<u>.                                    </u>
	#:1232068	
Entity Nam	e:	CONTROLE LLC
<b>✓</b> Artic	les of Incorporation/Author	rization to Transact Business
☐ Ame	endment	
Cha	nge of Agent	***PLEASE FILE SECOND****
Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	olution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized Signature:	Amount \$125.0	<u> </u>

P: 800.221.0102

F: 800.944.6607

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: _	CONT	ROLE LLC	;		
_	Name of I	Limited Liability	Сотралу		
	'Application by Foreign Limited Liability Comp check are submitted to register the above refere				
Please return a	all correspondence concerning this matter to the	following:			
	Shi	loh White			
	Na	ame of Person			
		Epiq			
	Fi	rm/Company			
	501 Ka	ınsas Aven	nue		
•		Address			
	Kansas	City, KS 66	6105		
	City/S	tate and Zip Code	2		
	SOP@cog				
	E-mail address: (to be used	1 for future annua	al report notifica	ition)	
For further infe	formation concerning this matter, please call:				
	Shiloh White	et ( 913	<i></i>	21-9528	
	Name of Contact Person	Area Code	e Daytime	: Telephone Number	
	LING ADDRESS:		STREET AD		
	ion of Corporations		Division of C Registration S		
_	stration Section Box 6327		Clifton Build		
	hassee, FL 32314			ve Center Circle	
Engla	osed is a check for the following amount:		, 41141465500, 1		
Please	e make check payable to: FLORIDA DEPART	MENT OF STA	TE		
	\$125.00 Filing Fee \$ Certificate of Sta	s155.00 🗖 ع	0 Filing Fee &	\$160.00 Filing F of Status & Certi	
			- <del>-</del>		

## 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: CONTROLE LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate mane adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") DELAWARE (Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) <sub>6.</sub> 2211 York Road Suite 200 2211 York Road Suite 200 (Street Address of Principal Office) Oak Brook, IL 60523 Oak Brook, IL 60523 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: Office Address: 115 North Calhoun St. Suite 4 Tallahassee , Florida 3230

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.

Olivest Mary, Asst. Secy.

(Registerer geent's signature)

Title or Capacity:	Name and Address: Name: KEVIN BARNICLE	Title or Capacity:  Manager	Name and Address:			
Member	Address: 2211 York Road Suite 200	Member				
Authorized	Oak Brook, IL 60523	Authorized				
Person		Person				
Other	Other	Other		Other_		
Manager	Name:	☐ Manager	Name:		tie sies es	2620
Member		Member				بال
Authorized	Address:	Authorized	/tda/033		(e) 23	C)
Person		Person			٨, ٢٥	λři
Other	Other	Other		Other_	(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	<u>ම</u> යු
☐Manager	Name:	Manager	Name:			
Member	Address:	☐ Member				
Authorized		— Authorized		·		
Person		Person				
Other	Other	Other		Other_		
9. Attached is a cert jurisdiction under the translator mu 10. This document	Use an attachment to report more than six (6). To may be added to the index when filing your Florificate of existence, no more than 90 days old, the law of which it is organized. (If the certificate is the submitted) is executed in accordance with section 605.020 ment to the Department of State constitutes a the submitted of State constitutes at the section of the Department of State constitutes at the section of the Department of State constitutes at the section of the Department of State constitutes at the section of the Department of State constitutes at the section of the Department of State constitutes at the section of the Department of State constitutes at the section of the secti	lorida Department of State duly authenticated by the te is in a foreign language (3 (1) (b), Florida Statutes hird degree felony as provi	e Annual Rep official havi , a translation	ort form.  ng custody of  n of the certifi  that any false	records	in the ler oath

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CONTROLE 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-NINTH DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CONTROLE LLC" WAS FORMED ON THE TWENTIETH DAY OF JUNE, A.D. 2018.

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

a at corp delaware gov/auti

Authentication: 203368224

Date: 07-29-20