

M20000007453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

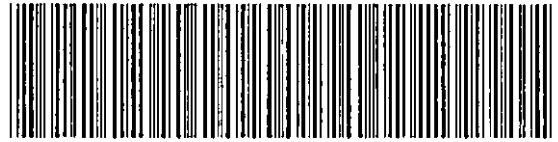
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 26 PM 2:06

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SBF
8/27/20

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

FILE 2ND

ACCOUNT NO. : I20000000195
REFERENCE : 400464 4385593
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 125.00

ORDER DATE : August 24, 2020
ORDER TIME : 12:28 PM
ORDER NO. : 400464-005
CUSTOMER NO: 4385593

FOREIGN FILINGS

NAME: AON SECURITIES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER: _____

2020 AUG 26 PM 2:33

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aon Securities LLC
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at (_____) _____
Area Code Daytime Telephone Number

Mailing Address:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street Address:
 Registration Section
 Division of Corporations
 The Centre of Tallahassee
 2415 N. Monroe Street, Suite 810
 Tallahassee, FL 32303

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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 & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified 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. Aon Securities LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3. 83-2079151 (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 200 E. Randolph Street, 11th Floor
(Street Address of Principal Office)

6. 200 E. Randolph Street, 11th Floor
(Mailing Address)

Chicago, Illinois 60601

Chicago, Illinois 60601

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

2006.11.26 PM 2:33

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: KADESHA ROBERSON, ASST. VICE PRESIDENT
(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: **Name and Address:**

Manager Name: Stephen L. Cummings

Member Address: 200 E. Randolph Street

Authorized Chicago, IL 60601

Person _____

Other _____ Other _____

Title or Capacity: **Name and Address:**

Manager Name: William L. Delaney

Member Address: 200 E. Randolph Street

Authorized Chicago, IL 60601

Person President. Treasurer

Other _____ Other _____

Manager Name: Bryon G. Ehrhart

Member Address: 200 E. Randolph Street

Authorized Chicago, IL 60601

Person _____

Other _____ Other _____

Manager Name: Brian P. Sullivan

Member Address: 200 E. Randolph Street

Authorized Chicago, IL 60601

Person Chief Financial Officer

Other _____ Other _____

Manager Name: Mary Moore Johnson

Member Address: 200 E. Randolph Street

Authorized Chicago, IL 60601

Person Vice President and Secretary

Other _____ Other _____

Manager Name: Paul T. Schultz

Member Address: 200 E. Randolph Street

Authorized Chicago, IL 60601

Person Chief Executive Officer

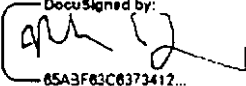
Other _____ Other _____

2/2/2011 2:28 PM

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.

DocuSigned by:

 65A3F63C6373412... _____
 Signature of an authorized person

Mary Moore Johnson

 Typed or printed name of signer

ATTACHMENT
TO
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY
FOR AUTHORIZATION TO TRANSACT BUSINESS IN
FLORIDA

Title or Capacity	Name and Address
Manager	Ari Jacobs 200 E. Randolph Street Chicago, IL 60601
Manager	Kenneth J. Mackunis 200 E. Randolph Street Chicago, IL 60601

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AON SECURITIES 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-FOURTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AON SECURITIES LLC" WAS FORMED ON THE ELEVENTH DAY OF SEPTEMBER, A.D. 2018.

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

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Jeffrey W. Bullock, Secretary of State

7051985 8300

SR# 20206909603

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203527503

Date: 08-24-20