

M20000009435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

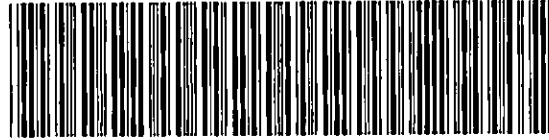
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2008 OCT 21 PM 2:05
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

FILED
2008 OCT 21 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 463297 4805290

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 125.00

ORDER DATE : October 21, 2020

ORDER TIME : 1:27 PM

ORDER NO. : 463297-005

CUSTOMER NO: 4805290

FOREIGN FILINGS

NAME: CAPTIVE RESOURCES, 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: Amanda Robinson -- EXT# 62968

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. CAPTIVE RESOURCES, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

CAPTIVE RESOURCES OF FLORIDA, 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.")

Delaware

2. (Jurisdiction under the law of which foreign limited liability company is organized)

N/A

3. (FEI number, if applicable)

n/a

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

1100 N. Arlington Heights Road

5. (Street Address of Principal Office)

Itasca, IL 60143

1100 N. Arlington Heights Road

6. (Mailing Address)

Itasca, IL 60143

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)

FILED
2021 OCT 21 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Corporation Service Company

By:

(Registered agent's signature)

Amanda Robinson
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:** _____
☐ Manager Name: GEORGE V. RUSU
☐ Member Address: 1100 N. Arlington Heights
☒ Authorized Road, Itasca, IL 60143
Person _____
☒ Other CHM/CEO ☐ Other _____

☐ Manager Name: MICHAEL T. FOLEY
☐ Member Address: 1100 N. Arlington Heights
☒ Authorized Road, Itasca, IL 60143
Person _____
☒ Other PRESIDENT ☐ Other _____

☐ Manager Name: DONNA S. DREUTH
☐ Member Address: 1100 N. Arlington Heights
☒ Authorized Road, Itasca, IL 60143
Person _____
☒ Other CFO/TREAS ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
☐ Manager Name: NICHOLAS J. HENTGES
☐ Member Address: 1100 N. Arlington Heights
☒ Authorized Road, Itasca, IL 60143
Person _____
☒ Other CO-CEO ☐ Other _____

☐ Manager Name: GLENN G. CARLSON
☐ Member Address: 1100 N. Arlington Heights
☒ Authorized Road, Itasca, IL 60143
Person _____
☒ Other SECRETARY ☐ Other _____

☐ Manager Name: CYNTHIA S. KEHL
☐ Member Address: 1100 N. Arlington Heights
☒ Authorized Road, Itasca, IL 60143
Person _____
☒ Other ASST SEC ☐ 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

GLENN G. CARLSON

Typed or printed name of signer

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

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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>HEATHER C. SCHIELE</u>
<input type="checkbox"/> Member	Address: <u>1100 N. ARLINGTON</u>
<input checked="" type="checkbox"/> Authorized	<u>HEIGHTS ROAD, ITASCA, IL</u>
Person	<u>60143</u>
<input checked="" type="checkbox"/> Other <u>ASST SEC</u>	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____
Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Delaware


The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPTIVE RESOURCES, 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-FIRST DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPTIVE RESOURCES, LLC" WAS FORMED ON THE FOURTH DAY OF APRIL, A.D. 2002.

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



Jeffrey W. Bullock, Secretary of State

3510572 8300

SR# 20207947107

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

Authentication: 203906289

Date: 10-21-20