## M20000511548

(Req	uestor's Name)	
(Add	ress)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	_	MAIL
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Certified Copies	Certificates	s of Status
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800356387278



PILED
2020 DEC 14 MM 9: 57
SEC STREET THE AM 9: 57

IEC 14 1016

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 571692 - 7456992

AUTHORIZATION : STREET ROLL

COST LIMIT : \$ 125.00

\_\_\_\_\_\_

ORDER DATE: December 14, 2020

ORDER TIME : 1:25 PM

ORDER NO. : 571692-010

CUSTOMER NO: 7456992

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## FOREIGN FILINGS

NAME: CA DESIGN BUILD, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

## **COVER LETTER**

TO:		stration Section sion of Corporations	s				
SUBJE		CA Design Build, Ll					
			Name of I	Limited Liability	Company	_	
					ation to Transact Business in Florida ted liability company to transact bus		
Please r	eturn (	all correspondence co	oncerning this matter to the	following:			
		Kathy Darden					
		Name of Person					
		Polsinelli PC					
		Firm/Company					
	150 N. Riverside Plaza, Suite 3000						
	Address					<del>-</del>	
		Chicago. II. 60606					
	City/State and Zip Code						
		kdarden@polsinel	lli.com				
			E-mail address: (to be used	for future annua	report notification)	-	
For furt!	her inf	formation concerning	this matter, please call:				
	Kath	y Darden		312 at (	463-6381		
		Name of	Contact Person	Area Code	Daytime Telephone Number	-	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	Pleas	osed is a check for the e make check payable 125.00 Filing Fee	e following amount: e to: FLORIDA DEPART  \$130.00 Filing Fee & Certificate of Stat	\$155.00		, Fee, Certificate rtified 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:

Delaware				lity Company," "L.L.C," or "Lt.C	
		82 3.	-3655153		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	J	(FEI numbe	r, if applicable)	
Date of Filing					
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.) nine penalty liabili	(y)	<del></del>	
130 E. Randolph Street, Suite 2100		130 E. Randolph Street, Suite 2100			
(Street Address of	Principal Office)	6. <u> </u>	6. (Mailing Address)		
Chicago, IL 60601		Ch	icago, IL 60601		
<del></del>			<del>_</del>		
· · · · · · · · · · · · · · · · · · ·				<del></del>	
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	ntable)	F. ~	
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acce	ntable)	2028 SEC: TALL/	
	ss of Florida registered agent: (P.O. Bo)  Corporation Service Company	x <u>NOT</u> acce	ntable)	2021 DEC	
Name and street address  Name:		x <u>NOT</u> acce	ntable)	SECRETARIASSE FALLARIASSE	
Name:		x <u>NOT</u> acce	ntable)	2028 DEC 14 &	
	Corporation Service Company 1201 Hays Street	x <u>NOT</u> acce	<del>-</del>	SECRETAL AM 9	
Name:	Corporation Service Company	x <u>NOT</u> acce	ntable)	SECRETARIA SEL PLORIO	

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:	Title or Capacity:	Name and Address:
■Manager	Name: CA Manager, LLC	Manager	Name: Adam Jaworski
Member	Address: 130 E. Randolph Street	Member	Address: 130 E. Randolph Street
Authorized	Suite 2100	Authorized	Suite 2100
Person	Chicago, 1L 60601	Person	Chicago, IL 60601
Other	Other	Other	Other
☐Manager	Name:	Manager	Name: Thomas M. Scott
☐Member	Address: 130 E. Randolph Street	Member	Address: 130 E. Randolph Street
Authorized	Suite 2100	Authorized	Suite 2100
Person	Chicago, IL 60601	Person	Chicago, IL 60601
Other	Other	Other	Other
☐Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

<u>Important Notice:</u> 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.

Adam Jaworski

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "CA DESIGN BUILD, 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 FOURTEENTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CA DESIGN BUILD, LLC" WAS FORMED ON THE EIGHTH DAY OF DECEMBER, A.D. 2017.

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

Authentication: 204314479

Date: 12-14-20

6653836 8300 SR# 20208642496