

1/27/2021

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195

Phone : (850)521-0821

Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
COSOURCING PARTNERS LLC.**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

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Corporate Filing Menu

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JAN 28 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CoSourcing Partners 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:

Scott F. Upp Jr.
Name of Person

CoSourcing Partners LLC.
Firm/Company

900 Oakmont LN. STE 425
Address

Westmont, IL 60559
City/State and Zip Code

Supp@cosourcingpartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandi Upp at (630) 427-4421
Name of Contact Person 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

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 FLORIDAIN 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. CoSourcing Partners 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. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)3. 45-2094207
(FE) number, if applicable4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)5. 900 Oakmont LN. STE 425
(Street Address of Principal Office)6. 900 Oakmont LN. STE 425
(Mailing Address)Westmont, IL 60559Westmont, IL 605597. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)Name: Corporation Service CompanyOffice Address: 1201 Hays StreetTallahassee, Florida 32301
(City) (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.

Corporation Service Company

By: Shiranda E. Robinson

(Registered agent's signature)

FILED
2021 JAN 27 PM 5:32
TALLAHASSEE, FLORIDA
CLERK OF CIRCUIT COURT

FILED

2021 JAN 27 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, 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> | | <u>Title or Capacity:</u> | | <u>Name and Address:</u> | |
|--|----------|-----------------------------------|--|-------------------------------------|----------|--------------------------|--|
| <input type="checkbox"/> Manager | Name: | Janette Almazan / Executive Admin | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | 900 Oakmont Ln. STE 425 | | <input type="checkbox"/> Member | Address: | | |
| <input checked="" type="checkbox"/> Authorized | | Westmont, IL 60559 | | <input type="checkbox"/> Authorized | | | |
| Person | | | | Person | | | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Manager | Name: | Brandi Upp / CAO | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | 900 Oakmont Ln | | <input type="checkbox"/> Member | Address: | | |
| <input checked="" type="checkbox"/> Authorized | | STE 425 | | <input type="checkbox"/> Authorized | | | |
| Person | | Westmont, IL 60559 | | Person | | | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Manager | Name: | Scott F Upp Jr. / CEO | | <input type="checkbox"/> Manager | Name: | | |
| <input type="checkbox"/> Member | Address: | 900 Oakmont Ln | | <input type="checkbox"/> Member | Address: | | |
| <input checked="" type="checkbox"/> Authorized | | STE 425 | | <input type="checkbox"/> Authorized | | | |
| Person | | Westmont, IL 60559 | | Person | | | |
| <input type="checkbox"/> Other | | | | <input type="checkbox"/> 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

Scott F. Upp Jr.

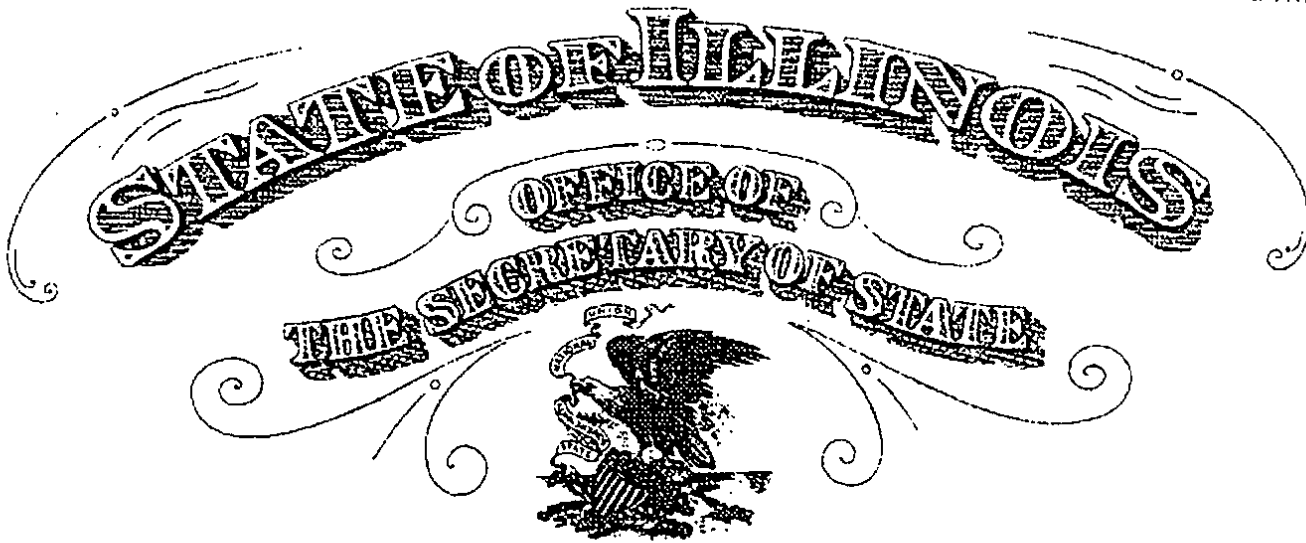
Typed or printed name of signer

FILED

File Number

0359263-4

2021 JAN 27 PM 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

COSOURCING PARTNERS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 03, 2011, 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 22ND
day of JANUARY A.D. 2021 .

Jesse White