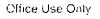
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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
☐ 5 CK-0	. WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies _	Certificates of Status
Special Instruction	. to Filing Officer





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*5 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0888 COGENCY®LOBAL.COM

Account#: I20000000088

Date: March (04, 2021		
Name:David	Shulman	_	
Reference #:	1336178		
Entity Name:		TRUE RCM LLC	
Articles of Incorp	ooration/Authori	ization to Transact Busin	ess
Amendment			
Change of Agen	t		ISSUES? CALL
Reinstatement			David:
Conversion			850-270-0082
☐ Merger			
Dissolution/With	idrawal		
☐ Fictitious Name			
Other			
Authorized Amount	\$125	5.00 A	
Signature:	/ / /		

10 E 40 - \$1,10 ° FL 141 ° NY 10016 800.221.0102 +1.212.947.7200



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: 120000000088

Date: March (04, 2021		Accounting 120000000000
Name: David	Shulman	_	
Reference #:	1336178		
Entity Name:		TRUE RCM LLC	
		ization to Transact Busin	ess
Amendment			
☐ Change of Agen	t		ISSUES? CALL
Reinstatement			David:
☐ Conversion			850-270-0082
☐ Merger			
☐ Dissolution/With	drawal		
☐ Fictitious Name			
Other	·		
Authorized Amount	\$125	5.00	
Signature:		/ 1/	

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

	TRUE RC					
(Name of Foreign Limited L	rability Company; must include "Limited	d Liability (Company," "L. L.C.,	," or "(LC.")		
_					_	
ame unavailable, exter alternate name adopta	d for the purpose of transacting business in Flor	rida. The after	rusia ngras must includ	ls "Limited Liability Co	mpeny," "L	.L.C," or "LLC,"
IL	•	3.	85-18645	22	_	
(Jurisdiction under the law of which foreign	limited limbility company is organized)			(FEI number, if ap	plicable)	
(Dat	e first transacted business in Florida, if prior to	usinajos.)			-	
•	sections 605.0904 & 605.0905, F.S. to determine				.	TE 00
415 W GOLF ROA	D, SUITE 26	, '	415 W GC)LF ROAD	, SUI	1E 26
		ο		2 T VIV		
(Street Address of Principal O	Sice)					
(Street Address of Principal Oil ARLINGTON HEIGH	nce)			(Mailing Address) ON HEIGHT		
(Street Address of Principal O	nce)					
(Street Address of Principal O	nce)					
(Street Address of Principal Oil ARLINGTON HEIGH	ITS, IL 60005	-	ARLINGTO			60005
(Street Address of Principal Oil ARLINGTON HEIGH	nce)	-	ARLINGTO			
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(Street Address of Principal Ol ARLINGTON HEIGH Name and street address of Flo	ITS, IL 60005	- NOT ac	ARLINGTO			60005
(Street Address of Principal Of ARLINGTON HEIGH	orida registered agent: (P.O. Box	- NOT ac	ARLINGTO			60005
(Street Address of Principal Of ARLINGTON HEIGH Name and street address of Florence Name:	orida registered agent: (P.O. Box	- · <u>NOT</u> *	ARLINGTO			60005
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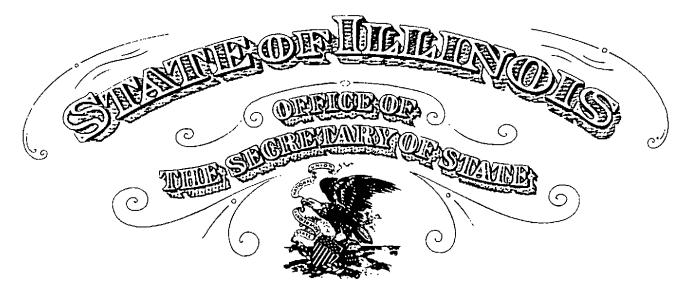
Registered agent's acceptance:

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.

Some weeld Ast. Sety

(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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: PATRICIA E. KEARNAN MUBEEN SALEEM ✓ Manager Address: 415 W GOLF ROAD, SUITE 26 415 W GOLF ROAD, SUITE 26 Member ARLINGTON HEIGHTS, IL 60005 ARLINGTON HEIGHTS, IL 60005 Authorized Authorized Person Person Other_____ Other_ Other____ Other_ Name: ______ Manager Name: ______ Маладег Member Address: _____ Member Address: ______ Authorized Authorized Person Person Other_____ Other_ Other____ Other_ Name: _____ Name: _____ Manager | Manager Address: _____ Member Member Authorized Authorized Person Person Other____ Other_ Other_____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Patricia E Kearnan



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

TRUE RCM LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 01, 2020. 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 4TH day of MARCH A.D. 2021.

Authentication #: 2106301350 verifiable until 03/04/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE