Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	
То:	Division of Corporations Fax Number : (850)617-6383	R12 Př
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845	- J

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

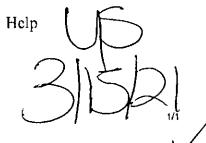
Email Address:

Foreign Limited Liability Company Access Protection Company (FL) LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Corporate Filing Menu



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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANYTOTRANSACT BUSINESS INTHE STATE OF FLORIDA:

name suravailable, enter alternate n	aine adopted for the purpose of transacting business in Ele	onda. The alternate nam	e must include "Limited Liabili	is Company," "t. I	C," or "L!
Delaware		3.			
Durisdiction under the law of which foreign limited liability company is organize		J	(El number, if applicable)		~
				1	2021 TAR
					<u> </u>
	(Date first transacted business in Florida, if prior to ((See sections 605,0904 & 605,0905, E.S. to determine	registration) ne penalty hability)			50 —
3333 Beverly Road		3333 Be	verly Road		2
ret Address of Principal Office)		6(Mail	ing Address)		
Hoffman Estates, IL 60179				100	.L.''
		Horrinan	Estates, IL 60179		,
					- 01
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable	e)		
	C T Corporation System				
Name:		-			
Name: Office Address:					
	1200 South Pine Island Road		33324 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.

> Terrie Bates, Assistant Secretary (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:	Title or Capacity:	Name and Address:
□Manager	Name: Luke Valentino	□Manager	Name:
□Member	Address: 3333 Beverly Road	□ Member	Address: 3333 Beverly Road
■ Authorized	Aun: General Counsel	■ Authorized	Hoffman Estates, IL 60179
Person	Hoffman Estates, IL 60179	Person	
□Other	□Other	Other	Other
☐ Manager ☐ Member ■ Authorized Person ☐ Other	Name:	☐ Authorized Person	Name: TR TI
□Manager	Name:	□Manager	Name:
□Member	Address:	□ Member	Address:
□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. Non-indexed individuals may be added to the index when filing your Plorida 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.

	Luka Vulentonia	
	Nignature of an authorized person	
Luke Valentino		
	Typed or printed name of signee	



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

DELAWARE, DO HEREBY CERTIFY "ACCESS PROTECTION COMPANY (FL) 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 TWELFTH DAY OF MARCH, A.D. 2021.

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



Authentication: 202717671

Date: 03-12-21