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.

(((H210002053013)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**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 **BMO Family Office, LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

1/1

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

1. BMO Family Office, U.C.
(Name of Foreign Limited Unbility Company, unist include "Limited Unbility Company." "U.L.C." or "U.C.")

f name unavastable, enter divinate n	amp adopted for the purpose of fransactive business in Flo	otida 19e	alternate name must include "Limited Erability Company	," "i.l.C.' or '
Delaware			77-0522698	
(Jurn diction under the fav. of which foreign finited liability company is organized		3.	3. (FEI number, if applicable)	
	(Date that transacted business in Plonda, it prior to (See sections 605 0901 & 605,0905, F.S. to determine	ne penalty	liabites)	
111 W. Monroe Street, Floor 19E		,	6 (Maling Address)	
street Addense of Principal (Office)		Q		
Chicago, 11, 60603			Chicago, H. 60603	~ ?
				•
				. •
. Name and <u>street addres</u>	s of Florida registered agent (P.O. Box	NOT	acceptable)	-
Name;	C'F Corporation System			
Office Address:	1200 South Pine Island Road			
G	Plantation		33324	

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.

	C T Corporation System	
By:	Kalad Jandry	Kimberly Laughrey, Asst. Secretary
	Registered agent's	signature)

From: James Tanks III

Page: 4 of 5

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: Steve Matteucci	∑ Manager	Nume: Shannon Kennedy
□Member	Address: 14850 N. Scottsdale Road	□Member	Address:
□Authorized	Suite 300	□Authorized	Chicago, IL 60603
Person	Scottsdale, AZ 35254	Person	
_Other	Other	_ Other	□Other
⊠Manager	Name:	∑ Manager	Name: Robert Gray
□Member	Address:		Address: 4380 SW Macadam Avenue
□ Authorized	Chicago, IL 60603		Portland, OR 97239
Person		Person	
□Other	Other	Other	Other
∃Manager	Name: Kyle Crowe	🌫 Manager	Name Michael Stritch
□Member	Address: 90 S 7th Street	□Member	Address:
□Authorized	54th Floor	☐ Authorized	Chicago, IL 60603 .
Person	Minneapolis, MN 55402	Person	
□()ther	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 (4) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of Stated constitutes a third degree fellow as provided for in \$.817,155, F.S.

Cindy Salazar

Typed or pouted name of signer



Page 1

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

DELAWARE, DO HEREBY CERTIFY "BMO FAMILY OFFICE, 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 MAY, A.D. 2021.

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

Authentication: 203266408

Date: 05-21-21