

M 210000008616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

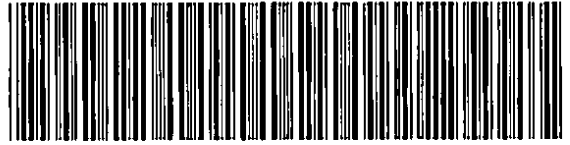
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100369560591

FILED
2021 JUL -7 AM 10:29
CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
2021 JUL -7 PM 4:11
CLERK OF STATE
TALLAHASSEE, FL

Handwritten signature



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088

Date: 07/07/2021

Name: Eric Marcano

Reference #: 1416048

Entity Name: COLLIERS BENNET & KAHNWEILER LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please provide a certified copy upon filing.

Authorized Amount: \$155.00

Signature: Eric Marcano



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 07/07/2021

Name: Eric Marciano

Reference #: 1416048

Entity Name: COLLIERS BENNET & KAHNWEILER LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please provide a certified copy upon filing.

Authorized Amount: \$155.00

Signature: Eric Marciano

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:

1. Colliers Bennett & Kahnweiler 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. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3.

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5.

(Street Address of Principal Office)

6250 N. River Road, Suite 11-100

Rosemont, IL 60018

6.

(Mailing Address)

6250 N. River Road, Suite 11-100

Rosemont, IL 60018

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida

32301

(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: Constance C. Epenlaub

(Registered agent's signature)

FILED
2021 JUL -7 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FL

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]:

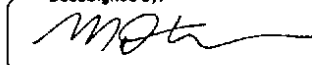
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Matthew Hawkins</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Gil Borok</u>
<input type="checkbox"/> Member	Address: <u>1140 Bay Street, Ste 4000</u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>Toronto, ON M5S 2B34</u>	<input type="checkbox"/> Authorized	<u>16830 Ventura Boulevard, Suite J</u>
Person	<u>Canada</u>	Person	<u>Encino, CA 91436</u>
<input checked="" type="checkbox"/> Other <u>Secretary</u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>	<input type="checkbox"/> Other <u></u>
<input checked="" type="checkbox"/> Manager	Name: <u>Jim Carris</u>	<input type="checkbox"/> Manager	Name: <u>Richard C. Berger</u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>71 South Wacker Drive, Suite 3700</u>	<input type="checkbox"/> Authorized	<u>71 South Wacker Drive, Suite 3700</u>
Person	<u>Chicago, IL 60606</u>	Person	<u>Chicago, IL 60606</u>
<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>Treasurer</u>	<input type="checkbox"/> Other <u></u>
<input type="checkbox"/> Manager	Name: <u>David A. Bercu</u>	<input type="checkbox"/> Manager	Name: <u>Phil Stafford</u>
<input type="checkbox"/> Member	Address: <u></u>	<input type="checkbox"/> Member	Address: <u></u>
<input type="checkbox"/> Authorized	<u>6250 N. River Road, Suite 11-100</u>	<input type="checkbox"/> Authorized	<u>6250 N. River Road, Suite 11-100</u>
Person	<u>Rosemont, IL 60018</u>	Person	<u>Rosemont, IL 60018</u>
<input checked="" type="checkbox"/> Other <u>Asst. Secretary</u>	<input type="checkbox"/> Other <u></u>	<input checked="" type="checkbox"/> Other <u>COO</u>	<input type="checkbox"/> Other <u></u>

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.

DocuSigned by:



AD9F78E74C9B4CD

Signature of an authorized person

Matthew Hawkins, Manager

Typed or printed name of signer

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLLIERS BENNETT & KAHNWEILER 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 SEVENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COLLIERS BENNETT & KAHNWEILER LLC" WAS FORMED ON THE TWENTY-NINTH DAY OF MARCH, A.D. 2010.

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




Jeffrey W. Bullock, Secretary of State

4805420 8300

SR# 20212644944

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203617204

Date: 07-07-21