M21000009554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/21/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FISHPLATE HOLDINGS 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:

DANIEL WYROCK
Name of Person

ONE EIGHTY CAPITAL
Firm/Company

205 N. MICHIGAN AVE, SUITE 810
Address

CHICAGO, IL 60601
City/State and Zip Code

ACCOUNTING@ONEEIGHTYCAPITAL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

DANIEL WYROCK at (312) 508-3734
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 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. FISHPLATE HOLDINGS 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. 85-2875782
(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. 205 N MICHIGAN AVE
SUITE 810
CHICAGO, IL 60601
(Street Address of Principal Office)

6. 205 N MICHIGAN AVE
SUITE 810
CHICAGO, IL 60601
(Mailing Address)

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

Name: CT CORPORATION

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION (City), Florida 33324 (Zip code)

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21 JUL 21 PM 12:45

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.

Christine Kelm
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: CHRISTOPHER BALTES	☐ Manager	Name: PAUL FISCHER
■ Member	Address: 205 N MICHIGAN AVE	■ Member	Address: 205 N MICHIGAN AVE
☐ Authorized	SUITE 810	☐ Authorized	SUITE 810
Person	CHICAGO, IL 60601	Person	CHICAGO, IL 60601
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____
☐ Manager	Name: LESTER HIGHTOWER	☐ Manager	Name: SCOTT NOVACK
■ Member	Address: 205 N MICHIGAN AVE	☐ Member	Address: 205 N MICHIGAN AVE
☐ Authorized	SUITE 810	■ Authorized	SUITE 810
Person	CHICAGO, IL 60601	Person	CHICAGO, IL 60601
☐ Other_____	☐ Other_____	☐ Other_____	☐ Other_____
☐ Manager	Name: DANIEL WYROCK	☐ Manager	Name:
☐ Member	Address: 205 N MICHIGAN AVE	☐ Member	Address:
■ Authorized	SUITE 810	☐ Authorized	
Person	CHICAGO, IL 60601	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 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

DANIEL WYROCK

Typed or printed name of signee

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FISHPLATE HOLDINGS 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 SECOND DAY OF JULY, A.D. 2021.

Jeffrey W. Bullock, Secretary of State

3590957 8300

SR# 20212616312

Authentication: 203590612

Date: 07-02-21

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