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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone

Fax Number : (954)208-0845

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 Transform Lease Opco LLC

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Help

From: Kimberly Laughrey

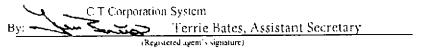
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0002. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Transform Lease Opco	LLC Imited Liability Company; must include "Limite	. 1 1 2. 4.12.	Continue Part I Company I Com	
(Name of Foreign)	линеа гланияў с отралу; пякя пяснае - глане	ги славниў	Congency, 1 D.C., or 1.1C.)	
If name anax-stable, ester alternate of	aine adopted for the purpose of transacting business in F	lorsda. The a	lternate name must include "Emuted I tabi	day Company," "L L.C." or "LLC")
Delaware		3.	87-1055440	
2. (Jurisdiction under the law of which foreign limited liability company is organized)		٥. ا	(FLI number,	if applicable)
	(Date first transacted business in Florida, if prior to (See sections 605,0904 to 605,0905, E.S. to determ	registration nine penulty l	ability)	_
3333 Beverly Rd.			3333 Beverly Rd.	
street Address of Principal Office)		0	(Mailing Address)	
Hoffman Estates, IL 60	179	1	Ioffman Estates, IL 60179	
	-			
		=		2021
. Name and street addres	s of Florida registered agent: (P.O. Bo	x <u>NOT</u> a	eceptable)	SEP
Name:	C T Corporation System			13. P
Office Address:	1200 South Pine Island Road			PR 11/2
	Plantation		, Florida	27
	(City)		(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.



To: +18506176383

From: Kimberly Laughrey

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
⊡Manager	Name: Transform SR Holdings LLC	□Manager	Name:
Member	Address: 3333 Beverly Rd.	□Member	Address: 3333 Beverly Rd.
□Authorized	Hoffman Estates, IL 60179	■ Authorized	Atm: General Counsel
Person		Person	Hoffman Estates, IL 60179
□Other		Other	□□Other
⊒Manager	Name: D. Scott Carr	☐ Manager	Name: Kate Blomgren
□Member	Address: 3333 Beverly Rd.	□Member	Address: 3333 Beverly Rd.
■Authorized	Atm: Real Estate		Attn: Real Estate
Person	Hoffman Estates, IL 60179	Person	Hoffman Estates, IL 60179
□Other		_Other	Other
□Manager	Name: Kirkton Williams	☐ Manager	Name: Et Si T
□Member	Address: 3333 Beverly Rd.	□Member	Address: N
■Authorized	Atm: Real Estate	☐ Authorized	
Person	Hoffman Estates, IL 60179	Person	
□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.

	Lucha Valentino	
Signature of an authorized person		
Luke Valentino		
	To read an excitated nature and continue	

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Page 1

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

DELAWARE, DO HEREBY CERTIFY "TRANSFORM LEASE OPCO 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 SEPTEMBER, A.D. 2021.

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





Authentication: 204214825

Date: 09-21-21