M22000012139

| (Requestor's Name) | | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
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Office Use Only



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COVER LETTER

TO:

Registration Section

| Div | ision of Corporations | | | | | |
|-------------------|---|---|---------------------------------------|-----------|--|--|
| SUBJECT: | SDI Presence LLC | | | | | |
| SUBJECT | Name of Limited Liability Company | | | | | |
| | | ed Liability Company for Authorization to Transact Business in Florida. or the above referenced foreign limited liability company to transact busi | | | | |
| Please return | all correspondence concerning | this matter to the following: | | | | |
| | Jean Evener | | | | | |
| | | Name of Person | | | | |
| | SDI Presence LLC | | | | | |
| | | Firm/Company | , | | | |
| | 200 E. Randolph Street, St | uite 3550 | | | | |
| | | Address | ÷ ÷ 505. | 3600 | | |
| | Chicago, II. 60601 | | | 3030 H II | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | | | |
| | jevener@sdipresence.com | • • | 7 . 11 . 25 | r. | | |
| | E-mail ac | dress: (to be used for future annual report notification) | | - | | |
| For further in | nformation concerning this matter | er, please call: | se <u>a</u> | Ś | | |
| Jean | n Evener | 312 580-7529 at () | | | | |
| | Name of Contact 1 | Person Area Code Daytime Telephone Number | | | | |
| Reg Div P.C | iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303 | | | | |
| Plea | \$125.00 Filing Fee 💢 \$130. | ng amount: DRIDA DEPARTMENT OF STATE 00 Filing Fee & □ \$155.00 Filing Fee & ■ \$160.00 Filing Fee, Certificate of Status Certified Copy of Status & Cer | | | | |

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 LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA.

| name unavadable, enter alternate i | name adopted for the purpose of transacting business in Fle | orida. The ali | ernate name must melode "Limited Lighthty Compa | ns,""l, l, C," or "l. |
|------------------------------------|--|-------------------------------|---|-----------------------|
| Delaware | , | | 1-1357524 | |
| | hich foreign himited hability company is organized) | 3. | (FEI number, if applicab | |
| (Jurisdiction under the law of w | hich foreign limited hability company is organized) | | (FEI number, if applicab | le i |
| July 21, 2022 | | | | |
| | (Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determin | egistration) ie penalty ha | bility) | |
| 200 E. Randolph Stree | | | 200 E. Randolph Street, Suite 3550 | |
| eet Address of Principal Office) | | 6 | (Mailing Address) | |
| Chicago, II, 60601 | | C | hicago, IL 60601 | |
| | | | | - 2 |
| | | | | • |
| | | | | -; |
| Name and street addres | ss of Florida registered agent: (P.O. Box | <u>NOT</u> ac | ceptable) | , |
| | | | | |
| Name: | Corporation Service Company | | | 5 W |
| | 1201 Have Stead | | | P ariti |
| Office Address: | 1201 Hays Street | | | |
| | | | 22201 | |
| | Tallahassee | | 32301 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.

Tyler Gates
(Registered Scent'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: David Gupta, Sole Manager/CEO | □Manager | Name: Sharee L. Wolff, CFO |
| □Member | Address: 200 E. Randolph Street | ■Member | Address: 200 E. Randolph Street |
| ■Authorized | Suite 3550 | ■ Authorized | Suite 3550 |
| Person | Chicago, IL 60601 | Person | Chicago, IL 60601 |
| □Other | Other | □Other | Other |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | Other | □Other | □Other □ |
| | | | 29 III |
| □Manager | Name: | □Manager | Name: |
| □Member | Address: | □Member | Address: |
| □Authorized | | □Authorized | |
| Person | | Person | |
| □Other | Other | □Other | Other |

<u>Important Notice:</u> 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.

Sharee L. Wolff, CFO

Typed or printed name of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "SDI PRESENCE 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 FIRST DAY OF JUNE, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SDI PRESENCE LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF DECEMBER, A.D. 2015.

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

Authentication: 203564774

Date: 06-01-22