

M22000012549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

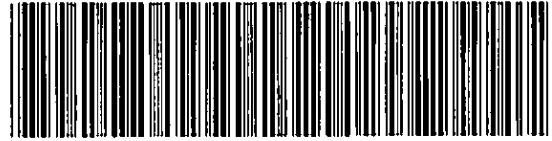
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 AUG 10 PM 3: 17

ALLAHASSIE, FL

APPROVED
AND
FILED

2022 AUG 10 AM 11: 38

SECRETARY OF STATE
TALLAHASSEE, FL 32399

AUG 11 2022

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2

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 8/10/2022

****WALK IN****

ENTITY NAME EXTREMEESL, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITTY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 125.00

ACCOUNT # 120160000072

Handwritten signature

Please call Tina at the above number for any issues or concerns. Thank you so much!

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. XtremeESL 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. 500 W. Madison St., 20th floor
(Street Address of Principal Office)

Chicago, IL 60661

6. 500 W. Madison St., 20th floor
(Mailing Address)

Chicago, IL 60661

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

Name: Corporate Creations Network Inc.

Office Address: 801 US Highway 1
North Palm Beach, Florida 33408
(City) (Zip code)

APPROVED
AND
FILED
2022 AUG 10 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, 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.

Nicholas Nichols
(Registered agent's signature) Nicholas Nichols, Special Secretary

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:**

Manager Name: Accenture Inc.

Member Address: 500 W. Madison St., 20th floor

Authorized Chicago, IL 60661

Person _____

Other _____ Other _____

Manager Name: Robert Francis Goldman

Member Address: 500 W. Madison St., 20th floor

Authorized Chicago, IL 60661

Person _____

Other Secretary Other _____

Manager Name: Lance Marshall Lebouef

Member Address: 500 W. Madison St., 20th floor

Authorized Chicago, IL 60661

Person _____

Other Vice President - Tax Matters Other _____

Title or Capacity: **Name and Address:**

Manager Name: Aaron Bradford Holmes

Member Address: 500 W. Madison St., 20th floor

Authorized Chicago, IL 60661

Person _____

Other President Other _____

Manager Name: Brian Joseph Kowles

Member Address: 500 W. Madison St., 20th floor

Authorized Chicago, IL 60661

Person _____

Other Treasurer Other _____

Manager Name: Sammy Awad

Member Address: 500 W. Madison St., 20th floor

Authorized Chicago, IL 60661

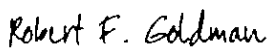
Person _____

Other Vice President - Tax Matters 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.

DocuSigned by:

 1B938ED621314E9

Signature of an authorized person

Robert F. Goldman

Typed or printed name of signee

Delaware

Page 1

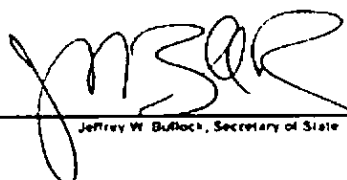
The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "XTREMEESL 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-SECOND DAY OF JULY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "XTREMEESL LLC" WAS FORMED ON THE FIFTH DAY OF JULY, A.D. 2022.

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




Jeffrey W. Bullock, Secretary of State

6895143 8300

SR# 20223065521

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

Authentication: 203988922

Date: 07-22-22