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(Re	questor's Name)	<u></u>
(Ad	dress)	
(Add	cress)	
(City	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bus	siness Entity Name)	
(Do	cument Number)	
ra Copies	Certificates o	f Status
, al Instructions to Filin	g Officer	

Office Use Only



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FEB 1 8 2023 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

:

	ACCOUNT NO. : 12000000195						
	REFERENCE : 389387 7505696						
	AUTHORIZATION : Spelle man						
	COST LIMIT : \$ 125.00						
ORDER DATE :	January 23, 2023						
ORDER TIME :	10:33 AM						
ORDER NO. :	389387-035						
CUSTOMER NO:	7505696						
FOREIGN FILINGS							
NAME:	GRAINGER CORPORATE SERVICES LLC						

XXXX Q	UALIFICATI	ON (TYPE	: <u>LL</u>)		
PLEASE	RETURN THE	FOLLOWING	AS PROOF	OF FILING:	
XX		COPY MPED COPY TE OF GOOD	STANDING		
CONTACT	PERSON:	Eyliena Bak	cer EXT	#	
			EXAM	INER:	

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	and day no for the prayers of this setting ensures and the	nda ine a	itemate name musi include "Limited Liabi	my Company, L.E.C. of the
IL		3.	92-0290913	
(Jurisdiction under the law of wh	nich foreign limited liability company is organized)	•	(FEI numbe	r, if applicable)
01/02/2023				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration ine penalty) liability)	
100 Grainger Parkwa	•		100 Grainger Parkway	
(Street Address of F	rincipal (Office)	0.	(Mailing Addre	55}
Lake Forest, IL 6004	5		Lake Forest, IL 60045	
				207
Name and street addres	s of Florida registered agent: (P.O. Box	NOT a	acceptable)	BFEB 20
Name;	Corporation Service Company			Λή
Office Address:	1201 Hays Street			9: 50 . ·
	Tallahassee		32301 , Florida	
	(City)		(Zip code)	1

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 Eylina Babbo

By:

| Assistant Vice Provident | Company |

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: Name: Arif Ahmed Name: Jenna Anderson × Manager × Manager Address: _____ Parkway Address: _____ Member Member Lake Forest, IL 60045 Lake Forest, IL 60045 Authorized Authorized Person Person Other_ Other Other Other Laurie Thomson × Manager Name: Manager Address: _____ Member Member Address: Lake Forest, IL 60045 Authorized Authorized Person Person Other Other Other Other____ Manager Name: _____ Manager Member Address: Member Authorized Authorized Person 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. Nonindexed 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

Signature of an authorized person

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Laurie Thomson

Laurie Thomson

File Number

1103597-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GRAINGER CORPORATE SERVICES LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 09, 2022, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of FEBRUARY A.D. 2023 .

Authentication #: 2303901534 verifiable until 02/08/2024

Authenticate at: https://www.ilsos.gov

Alexi Giannel

SECRETARY OF STATE