

M23000005864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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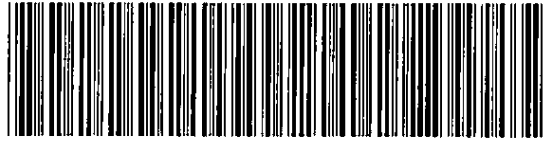
(Business Entity Name)

(Document Number)

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2023 APR 21 AM 10:17

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K. Brumley

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VAN KAMPEN ASSET MANAGEMENT COMPANY, 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:

JULIE A. SHAWBACK

Name of Person

VAN KAMPEN ASSET MANAGEMENT COMPANY, LLC

Firm/Company

407 S. THIRD STREET, SUITE 230

Address

GENEVA IL 60134

City/State and Zip Code

jshawback@vkgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIE SHAWBACK

630

588-7200

at ()

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. Van Kampen Asset Management Company, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Van Kampen Asset Management Company FL, 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. Illinois 3. 36-3331100
(Jurisdiction under the law of which foreign limited liability company is organized) (EIN number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. 795 Collany Dr 6. 795 Collany Dr
(Street Address of Principal Office) (Mailing Address)

Unit 203 Unit 203

Tierra Verde, FL 33715 Tierra Verde, FL 33715

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

Name: Jerald A. Trannel


Office Address: 759 Collany Dr Unit 203

Tierra Verde 33715
(City) (Zip code)
Florida

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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.


(Registered agent's signature)

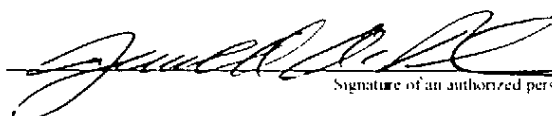
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Judith M. Van Kampen Trust	<input type="checkbox"/> Manager	Name: Jerald A. Trannel
<input checked="" type="checkbox"/> Member	Address: 407 S. 3rd St Ste 230	<input checked="" type="checkbox"/> Member	Address: 795 Collany Dr Unit 203
<input checked="" type="checkbox"/> Authorized	Geneva, IL 60134	<input checked="" type="checkbox"/> Authorized	Tierra Verde, FL 33715
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other Sr VP & Treas.	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: Charles A. Lindberg	<input type="checkbox"/> Manager	Name: Julie A. Shawback
<input checked="" type="checkbox"/> Member	Address: 30W359 Honeysuckle Lane	<input type="checkbox"/> Member	Address: 29W411 Emerald Green Dr. #A
<input checked="" type="checkbox"/> Authorized	Wayne IL 60184	<input type="checkbox"/> Authorized	Warrenville, IL 60555
Person		Person	
<input checked="" type="checkbox"/> Other Sr VP	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name:	<input type="checkbox"/> Manager	Name:
<input type="checkbox"/> Member	Address:	<input type="checkbox"/> Member	Address:
<input type="checkbox"/> Authorized		<input type="checkbox"/> Authorized	
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> 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.

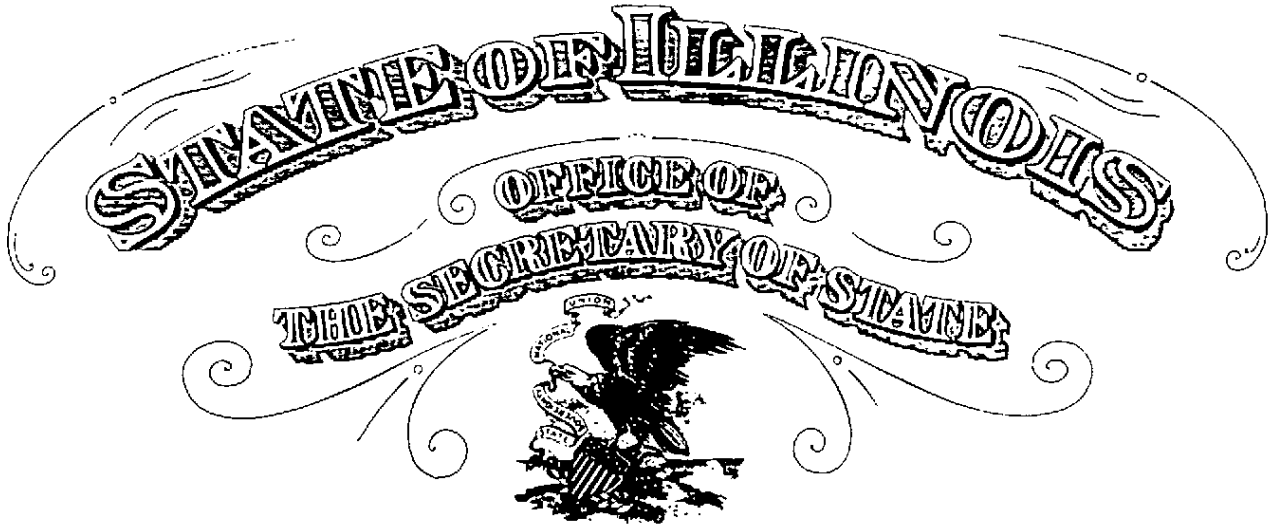


Signature of an authorized person
Jerald A. Trannel, Member

Typed or printed name of signee

File Number

0010456-6



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

VAN KAMPEN ASSET MANAGEMENT COMPANY, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 18, 1997, 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 20TH
day of APRIL A.D. 2023 .