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From:

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Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_lauener@arborpic.com

Foreign Limited Liability Company THE PURCELL COMPANIES LLC

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# 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 DABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDAY The Purcell Companies, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," T. L. C., "or "LLC.") (it name max all dile, enter alternate name adopted for the purpose of transacting business of Florida. The alternate name must include "Lumited Fodolity Company," "FLC," or "F (Junediction under the taw of which foreign limited lighting company is organized). distrumber, (capporable) (Date to it triusacted business in Florida, or provide registration.). (See sections 603-0904-& 603-0905, L.S. to determine penalty flobidity.) 676 N. Michigan Avenue, 34th Floor 676 N. Michigan Avenue, 34th Floor on (Street Address of Principal Ciffice) Chicago, IL 60611 Chicago, IL, 60611 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System. Name: 1200 South Pine Island Road Office Address:

#### Registered agent's acceptance:

Plantation

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,

By: Mark Holloway, Assi, Secretary
(Registered agency sign(m2)

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:
II Manager	Name: Carl Allegretti	_ Manager	Name: Lason Booth
∐Member	Address: 676 N. Michigan Avenue, 34th, Floor	☐ Member	Address: 676 N. Michigan Avenue, 34th Floor
<b>■</b> Authorized	Chicago, 1L 60611	<b>Ξ</b> Authorized	Chicago, IL 60611
Person		Person	
Other		□Other	Other
□ Manager	Name:	☐ Manager	Name:
□ Member	Address: 676 N. Michigan Avenue, 34th Host	∃Member	Address:
₹. Authorized	Chicago, IL 60611	— Authorized	
Person		Person	
Other	Other	□Other	Other
_ Manager	Name:	□ Manager	Nume:
Member	Address:	<sup>—</sup> Member	Address:
Authorized		Authorized	
Person		Person	
:Other		10(her	Other

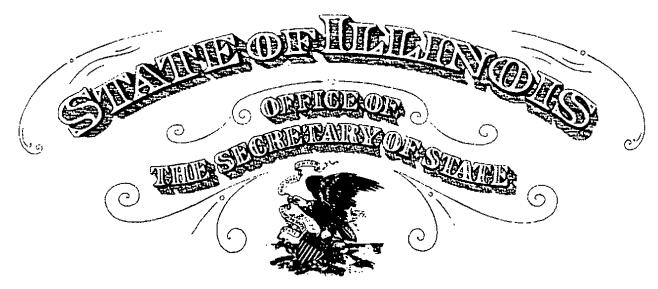
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filling your Florida Department of State Annual Report form.

- 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.

L. 166.				
	Signature of an authorized person	<del></del>		
Jason Booth				
	Leaved on control name of transact			

### File Number

0425806-1



## 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

THE PURCELL COMPANIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 11, 2013, 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 7TH day of AUGUST A.D. 2023 .

Authentication #: 2321903202 verifiable until 08/07/2024

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

Alexe Diamonda