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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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.\*\*

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

## Foreign Limited Liability Company ARBOR INVESTMENTS MANAGEMENT, LLC

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AUG 0 9 2023

K. Brumbley

## 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:

Arbor Investments Mai	Linnied Liability Company, must include "Limited	Hiability (	Company, "T.L.C., for "LLC")	<del></del>	_
rame insvailable, roter alternate r	name sitopted for the purpose of transacting business in El-	ornia the al	lemate name must melide "Lumited klid	bility Company (""1.1. C." or	mu ch
Delaware			20-4926055		
(Jurisdiction under the law of which fereign limited hability company is organized)		3. ,		n, it applicable)	_
			( F F F III G F I I I	i. ii ajipiicaoie i	
	(Date first transacted business in Florida, if prior to i (See sections 605 0904-8, 605 0905, U.S. to determine	rgistration I	abders)	<del></del>	
676 N. Michigan Aven				lete film on	
		6	76 N. Michigan Avenue, 3-	HIN Floor	
zer Address of Principal Officz)			(Masting Address)		_
Chicago, [1, 606] [		Chicago, IL 60611			
<del></del>		_	<del></del>		
	<del></del>	_		<del></del>	_
Manya and streat address	s of Florida registered agent: (P.O. Box	MOT .		202	
Name and <u>Spect addres</u>	5 or Frontia registered agent. (17.0). Nox	<u>NUL</u> ac	ceptable)	2023 AUG	
				an land	
Name:	C T Corporation System				=
			-	r	<u> </u>
Office Address:	1200 South Pine Island Road				٠)
Office Hadreys,			<del></del>	ြည့် မှ	
	Plantation		33324	* <b>2</b>	
			, Florida	<u> </u>	

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 agents

By:	Corporation System.  Colored Sulley Mark Holloway, Asst. Secretary
	(Registered agent's significal

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: Carl Allegretti	_Manager	Name: Jason Booth
□Member	Address: 676 N. Michigan Avenue, 34th Floor	□Member	Address: 676 N. Michigan Avenue, 34th Floor
<b>Z</b> Authorized	Chicago, IL 60611	<b></b> Authorized	Chicago, IL 60611
Person		Person	
□Other	Other	□Other	
□Manager	Name:	∐Manager	Name:
□Member	Address: 676 N. Michigan Avenue, 34th. Ploor	□Member	Address:
*: Authorized	Chicago, II, 60611	— Authorized	
Person		Person	
Other	Other	□Other	Other
∏Manager	Name:	☐ Manager	Name:
Member	Address:	- <sub>Member</sub>	Address:
Authorized		□ Authorized	
Person		Person	
□Other	Other	TOther	()ther

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.

	Lies	
	Stenature of an authorized person	
Jason Booth		
	Leaved on control of annual control	



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "ARBOR INVESTMENTS MANAGEMENT, 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 THIRD DAY OF AUGUST, A.D. 2023.

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

Authentication: 203892660

Date: 08-03-23