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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

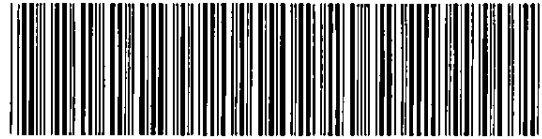
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 OCT 23 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

OCT 24 2023

FILE 2ND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 081943 4802844

AUTHORIZATION :

COST LIMIT : \$155.00

ORDER DATE : October 20, 2023

ORDER TIME : 8:29 AM

ORDER NO. : 081943-040

CUSTOMER NO: 4802844

FOREIGN FILINGS

NAME: M. HOLLAND COMPANY, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M. Holland 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:

Tara Anderson

Name of Person

Neal, Gerber & Eisenberg LLP

Firm/Company

2 N. LaSalle St., Ste. 1900

Address

Chicago, IL 60602

City/State and Zip Code

tanderson@nge.com

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

For further information concerning this matter, please call:

Leatte S. Gelfeld

847

849-8332

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. M. Holland Company, 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. DE
(Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEL number, if applicable)

4. 10/13/23
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 400 Skokie Blvd., Suite 600
(Street Address of Principal Office)

6. c/o Leatte S. Gelfeld
(Mailing Address)

Northbrook, IL 60062

400 Skokie Blvd., Suite 600

Northbrook, IL 60062

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301

(City) (Zip code)

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.

Alexis Weiland-Sorenson, ACP
(Registered agent's signature)

FILED
JUL 23 2023
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ALBANY, FLORIDA

FILE

123 OCT 23 45:10:00

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: Edward J. Holland

☐ Member Address: 400 Skokie Blvd., Suite 600

☐ Authorized Northbrook, IL 60062

Person

☐ Other ☐ Other

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

☒ Manager Name: Marshall J. Gerber

☐ Member Address: 400 Skokie Blvd., Suite 600

☐ Authorized Northbrook, IL 60062

Person

☐ Other ☐ Other

☒ Manager Name: Patrick G. McKune

☐ Member Address: 400 Skokie Blvd., Suite 600

☐ Authorized Northbrook, IL 60062

Person

☐ Other ☐ Other

☒ Manager Name: Marc Fern

☐ Member Address: 400 Skokie Blvd., Suite 600

☐ Authorized Northbrook, IL 60062

Person

☐ Other ☐ Other

☒ Manager Name: Dwight Morgan

☐ Member Address: 400 Skokie Blvd., Suite 600

☐ Authorized Northbrook, IL 60062

Person

☐ Other ☐ Other

☒ Manager Name: Bruce Rubin

☐ Member Address: 400 Skokie Blvd., Suite 600

☐ Authorized Northbrook, IL 60062

Person

☐ Other ☐ 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.

Declassified by
Patrick McKune

Signature of an authorized person

Patrick McKune

Typed or printed name of signee

Additional Managers and Members

Ana Dutra - Manager

400 Skokie Blvd., Suite 600
Northbrook, IL 60062

FILED

OCT 23 AM 10:00

ALLIANCE

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "M. HOLLAND COMPANY, 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-THIRD DAY OF OCTOBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "M. HOLLAND COMPANY, LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2023.

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



7614424 8300

SR# 20233793682

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 204429903

Date: 10-23-23