

M230000014682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

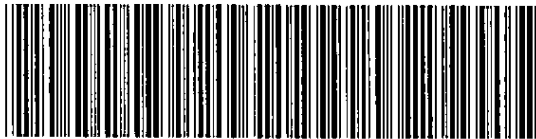
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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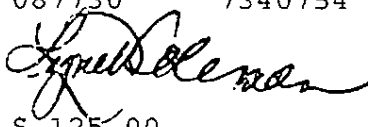
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE : 087730 7340754
AUTHORIZATION : 
COST LIMIT : \$ 125.00

ORDER DATE : October 24, 2023
ORDER TIME : 8:08 AM
ORDER NO. : 087730-040
CUSTOMER NO: 7340754

FOREIGN FILINGS

NAME: MANULIFE JOHN HANCOCK
BROKERAGE SERVICES LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

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. Manulife John Hancock Brokerage Services 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. Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 01-0233346
(FEI number, if applicable)

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

5. 200 Berkeley Street
(Street Address of Principal Office)
Boston, MA 02116

6. 200 Berkeley Street
(Mailing Address)
Boston, MA 02116

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TALLAHASSEE, FL

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.

By: 
(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]:

Title or Capacity: Manager **Name and Address:** Name: Lawrence Riddell
 Address: 200 Berkeley Street
Boston, MA 02116
 Person _____
 Other _____ Other _____

Title or Capacity: Manager **Name and Address:** Name: Katherine Sullivan
 Address: 200 Berkeley Street
Boston, MA 02116
 Person _____
 Other _____ Other _____

Manager **Name and Address:** Name: Len Van Greuning
 Address: 200 Berkeley Street
Boston, MA 02116
 Person _____
 Other _____ Other _____

Manager **Name and Address:** Name: _____
 Address: _____

 Person _____
 Other _____ Other _____

Manager **Name and Address:** Name: _____
 Address: _____

 Person _____
 Other _____ Other _____

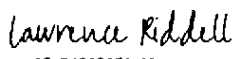
Manager **Name and Address:** Name: _____
 Address: _____

 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.

DocuSigned by:


12E1D98982F0402

Signature of an authorized person

Lawrence Riddell

 Typed or printed name of signee

File Number

0274222-5



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

MANULIFE JOHN HANCOCK BROKERAGE SERVICES LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 10, 2009, 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 27TH
day of OCTOBER A.D. 2023 .

Alexi Giannoulis