

M24000003020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

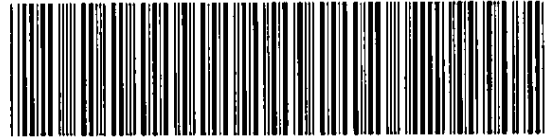
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



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2024 MAR -8 AM 10:14

RECEIVED

2024 MAR -8 PM 3:22

ALLAHASSIE, FLORIDA

MAR 11 2024

K. Brumbley

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

ACCOUNT NO. : I20000000195

REFERENCE : 358449 8106701

AUTHORIZATION : 

COST LIMIT : \$ 160.00

ORDER DATE : March 8, 2024

ORDER TIME : 2:13 PM

ORDER NO. : 358449-005

CUSTOMER NO: 8106701

FOREIGN FILINGS

NAME: INSPIRA FINANCIAL TRUST, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Inspira Financial Trust, 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:

Kelsey Chin
Name of Person

Inspira Financial Trust, LLC
Firm/Company

2001 Spring Road, Suite 700
Address

Oak Brook, IL 60523
City/State and Zip Code

kelsey.chin@inspirafinancial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelsey Chin at (630) 594-9367
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. Inspira Financial Trust, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 2001 SPRING RD, SUITE 700 6. 2001 SPRING RD, SUITE 700
(Street Address of Principal Office) (Mailing Address)
OAK BROOK, IL 60523 OAK BROOK, IL 60523

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee 32301
_____, Florida _____
(City) (Zip code)

2024 MAR -8 AM 10:14

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.

Corporation Service Company

By: Am
(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: **Name and Address:**

☒ Manager Name: AZRA KANJI

☐ Member Address: 2001 SPRING RD

☐ Authorized SUITE 700

Person OAK BROOK, IL 60523

☐ Other _____ ☐ Other _____

☒ Manager Name: DAVID CONEWAY

☐ Member Address: 2001 SPRING RD

☐ Authorized SUITE 700

Person OAK BROOK, IL 60523

☐ Other _____ ☐ Other _____

☒ Manager Name: GARY ANETSBERGER

☐ Member Address: 2001 SPRING RD

☐ Authorized SUITE 700

Person OAK BROOK, IL 60523

☐ Other _____ ☐ Other _____

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

☒ Manager Name: JAMES SCOLA

☐ Member Address: 2001 SPRING RD

☐ Authorized SUITE 700

Person OAK BROOK, IL 60523

☐ Other _____ ☐ Other _____

☒ Manager Name: ANDREW DODSON

☐ Member Address: 2001 SPRING RD

☐ Authorized SUITE 700

Person OAK BROOK, IL 60523

☐ Other _____ ☐ Other _____

☒ Manager Name: MARK JUNG

☐ Member Address: 2001 SPRING RD

☐ Authorized SUITE 700

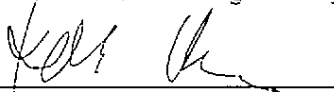
Person OAK BROOK, IL 60523

☐ 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.



Signature of an authorized person

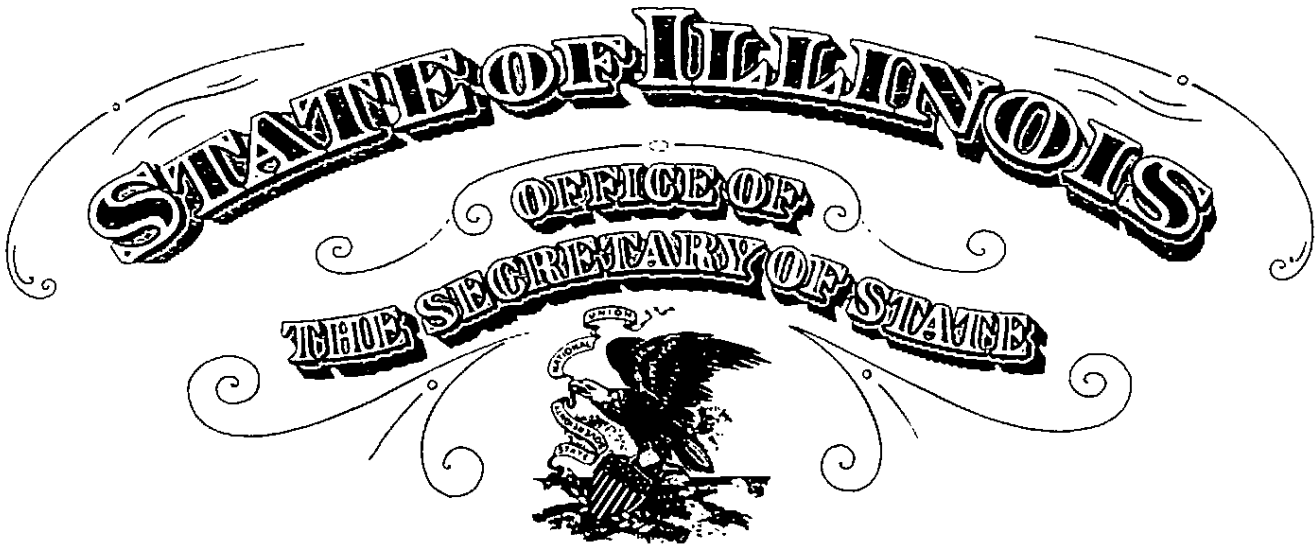
Kelsey Chin

Typed or printed name of signee

CSC 358449

File Number

0046163-6



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

INSPIRA FINANCIAL TRUST, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 21, 2000, 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 8TH day of MARCH A.D. 2024 .