

Document Number Only

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CT CORPORATION SYSTEM

660 EAST JEFFERSON STREET

Requestor's Name  
TALLAHASSEE, FL 32301

Address  
222-1092

City State Zip Phone

CORPORATION(S) NAME

Arrow Financial Services

☐ Profit

☐ NonProfit

☒ Limited Liability Co.

☒ Foreign

☐ Amendment

☐ Merger

☐ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of R.A.

☐ Fictitious Name Filing

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FILING  
R. AGENT FEE 250  
3. COPY 35  
TOTAL 285  
V. BANK  
BALANCE DUE  
GROSS

Thanks,  
Jeff

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS  
IN THE STATE OF FLORIDA:

1. ARROW FINANCIAL SERVICES, L.L.C.  
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation  
"L.C." if not so contained in the name at present.)

2. DELAWARE  
(Jurisdiction under the law of which foreign limited liability  
company is organized)

3. 36-4189357  
(FEI number, if applicable)

4. 10/27/97  
(Date of Organization)

5. PERPETUAL  
(Duration: Year limited liability company will cease to exist  
or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida. (See sections 608.501, 608.502 and 817.155, F.S.))

7. 2450 W PETERSON  
CHICAGO, IL 60659  
(Street address of principal office)

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TALLAHASSEE FLORIDA

8. List and indicate in title space provided the name, title, and business address of each managing  
member [MGRM] or manager [MGR]. It is not necessary to list members.  
(attach additional page if necessary)

NAME & ADDRESS:	TITLE:
<u>JACK LAVIN</u>	<u>MANAGER</u> <u>PRESIDENT</u>
<u>2450 W PETERSON AV</u>	
<u>CHICAGO, IL 60659</u>	

NAME & ADDRESS:	TITLE:
<u>BRIAN CUTLER</u>	<u>MANAGER</u> <u>VP</u>
<u>2450 W PETERSON AV</u>	
<u>CHICAGO, IL 60659</u>	

NAME & ADDRESS:	TITLE:
<u>RONALD LAVIN</u>	<u>MANAGER</u> <u>SR VP</u>
<u>2450 W PETERSON AV</u>	
<u>CHICAGO, IL 60659</u>	

**Filing Fee: \$ 52.50 for Application**

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN  
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of ARROW  
FINANCIAL SERVICES LLC deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 15,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ 0. A description of the property is attached and made a part hereof.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 15,000. This total includes amounts from 2 and 3 above.

Brian Cutler, MANAGER

Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Brian Cutler

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TALLAHASSEE FLORIDA

**Filing Fee: \$52.50 for Affidavit**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: \_\_\_\_\_

ARROW FINANCIAL SERVICES LLC

2. The name and address of the registered agent and office is:

C T CORPORATION SYSTEM

(Name)

c/o C T CORPORATION, 1200 South Pine Island Road,

(P.O. Box not acceptable)

Plantation, Florida 33324

(City/State/Zip)

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

C. T. CORPORATION SYSTEM

*Beth A Pope*  
(Signature)  
*Beth A Pope Asst. Secy.*

11/18/97  
(Date)

FILING FEE: \$ 35 for Designation of Registered Agent

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TALLAHASSEE FLORIDA

State of Delaware  
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARROW FINANCIAL SERVICES, L.L.C." 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 SEVENTEENTH DAY OF NOVEMBER, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

AUTHENTICATION:

DATE:

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11-17-97

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TALLAHASSEE, FLORIDA