

M22000017593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

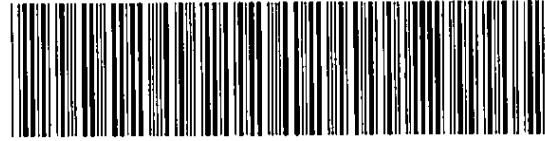
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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2022 NOV 22 AM 11:27

DEPARTMENT OF STATE
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NOV 28 2022
K. Brumley

FLORIDA FILING & SEARCH SERVICES, INC.
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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 11/22/2022

NAME: LOOP INTEGRATION LLC

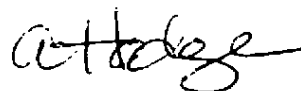
TYPE OF FILING: APPLICATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Loop Integration 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:

Name of Person
Intertrust Corporate Services Delaware Ltd.

Firm/Company
200 Bellevue Parkway, Suite 210

Address
Wilmington, DE 19809

City/State and Zip Code
intertrustus@intertrustgroup.com

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

For further information concerning this matter, please call:

Name of Contact Person at (_____) _____
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**

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. Loop Integration 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. Delaware 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 111 N. Canal St., 7th Floor 6. 111 N. Canal St., 7th Floor
(Street Address of Principal Office) (Mailing Address)

Chicago, IL 60606 Chicago, IL 60606

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

Name: Florida Filing & Search Services Inc.

Office Address: 155 Office Plaza Dr., Suite A

Tallahassee, Florida 32301
(City) (Zip code)

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CLERK OF THE STATE
OF FLORIDA

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.

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: Adam Hasemeyer

Member Address: 111 N. Canal St., 7th Floor

Authorized Chicaco, IL 60606

Person _____

Other CEO Other _____

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

Manager Name: Katherine Margaret Boyer

Member Address: 111 N. Canal St., 7th Floor

Authorized Chicaco, IL 60606

Person _____

Other Senior VP Other _____

Manager Name: Sathish Raghunathan

Member Address: 111 N. Canal St., 7th Floor

Authorized Chicaco, IL 60606

Person _____

Other CFO Other _____

Manager Name: Nick Coppolo

Member Address: 111 N. Canal St., 7th Floor

Authorized Chicaco, IL 60606

Person _____

Other COO Other _____

Manager Name: Joseph Woods

Member Address: 111 N. Canal St., 7th Floor

Authorized Chicaco, IL 60606

Person _____

Other President Other _____

Manager Name: Alan Durand

Member Address: 111 N. Canal St., 7th Floor

Authorized Chicaco, IL 60606

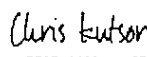
Person _____

Other Vice President 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:

 FE5D1662344447D
 Signature of an authorized person

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LOOP INTEGRATION 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 NINTH DAY OF NOVEMBER, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LOOP INTEGRATION LLC" WAS FORMED ON THE SIXTEENTH DAY OF SEPTEMBER, A.D. 2013.

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




Jeffrey W. Bullock, Secretary of State