## 23(X)(UUU3922

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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S. FRANKLIN

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 March 27, 2023 Date:\_ James Brodbeck Name:\_\_ 1942741 Reference #:\_\_\_\_\_ FE OPERATIONS, LLC Entity Name:\_\_\_\_ ✓ Articles of Incorporation/Authorization to Transact Business Change of Agent Reinstatement Conversion Merger ☐ Dissolution/Withdrawal Fictitous Name Other \_\_\_\_\_ Authorized Amount:

Signature:

## COVER LETTER

то:		on Section f Corporations		
		FE OF	PERATIONS, LL	С
SUBJI	ECT:	Name	e of Limited Liability	Company
The on Exister	sclosed "App nce, and chec	lication by Foreign Limited Liability C k are submitted to register the above r	Company for Authorization for Company for Authorization Company for Company fo	ation to Transact Business in Florida." Certificate of ited liability company to transact business in Florida
Please	return all co	respondence concerning this matter to	the following:	
		DANIEL	LE BRAGG-ELD	RIDGE
	_		Name of Person	
		Taft St	ettinius & Holliste	er LLP
	-		Firm/Company	-
		111 E. WA	CKER DRIVE, SI	UITE 2600
	_		Address	_:
		CH	HICAGO, IL 6060	)1
	_	C	ity/State and Zip Code	2
		<del>-</del> -	jeldridge@taftlaw	
			e used for future annua	al report notification)
For lu	orther inform	ition concerning this matter, please cal	H;	
		Danielle Bragg-Eldridge	at (312	
		Name of Contact Person	Area Code	e Daytime Telephone Number
	Division of Registration P.O. Box	G ADDRESS: of Corporations on Section 6327 ec. FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301
	Please ma	is a check for the following amount: the check payable to: FLORIDA DEL .00 Filing Fee	Fee & S155.0	ATE  Of Filing Fee & L1 \$160.00 Filing Fee, Certification of Status & Certified Copy

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

	FE OPERATIONS		
(Name of Foreign Limit	ed Liability Company; must include "Limited Liabi	hty Company," "L.L.C.," or "LLC,")	-
ame unavailable, enici alternate name ac	lopted for the purpose of transacting business in Florida. Th.	r alternate name must include "Umited Lability Company," "L. U. " or "U	
DEL	AWARE	37-1950861	
clurisdiction under the law of which ke	reign hauted liability company is organized)	3. FEI number, if applicable)	-
i	(Date first transacted bismess in Florida, if prior to registrat (See sections 605 1904 & 605 1995, F.S. to determine penal	kwi ) hy Bability)	
200 E. Randolph St	treet. Suite 5100	4121 Katy Hockley Road	•
(Street Address of Princip.	ज ()वींटर)	(Mailing Address)	-
Chicago, IL	60601	Katy, TX 77493	
	<u> </u>		<b>-</b> .
			٠
N 1 11 8			
Name and street address of	Florida registered agent: (P.O. Box. NOT	<u>l'acceptable)</u>	(
Name and street address of	Florida registered agent: (P.O. Box. <u>NO'</u>	<u>Facceptable)</u>	Ĺ
,	•	<u>Facceptable)</u>	Ĺ
Name:	Florida registered agent: (P.O. Box NOT)  Cogency Global Inc.	<u>r</u> acceptable)	· ·
Name:	•	<u>r</u> acceptable)	
<del></del>	Cogency Global Inc. 115 North Calhoun St. Suite 4		
Name:	Cogency Global Inc. 115 North Calhoun St. Suite 4		
Name:	Cogency Global Inc. 115 North Calhoun St. Suite 4	<u>racceptable)</u> Florida	
Name:  Office Address:  gistered agent's acceptance wing been named as registed signated in this application, comply with the provisions	Cogency Global Inc.  115 North Calhoun St. Suite 4  Tallahassee  (city)  te:  red agent and to accept service of proces. I hereby accept the appointment as regi-		her
Name:  Office Address:  egistered agent's acceptance twing been named as register signated in this application, comply with the provisions	Cogency Global Inc.  115 North Calhoun St. Suite 4  Tallahassee  (City)  Te:  Teed agent and to accept service of process.  I hereby accept the appointment as region of all statutes relative to the proper and compared to the proper and c	32301  . Florida	her

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: Title or Capacity: Name and Address: Name: JONATHON MARKOFF FE GROUP HOLDINGS, LLC 🔀 Manager Munager Address: 200 E. Randolph Street 200 E. Randolph Street **⋉**Member Address: \_ ☐ Member Suite 5100 Suite 5100 \_\_\_Authorized | Authorized Chicago, IL 60601 Chicago, IL 60601 Person Person Other\_\_ Other\_\_\_\_ Other\_\_\_\_ Other\_ Manager Name: Member Address: Member | Address: Authorized Authorized Person Person \_\_Other\_ Other 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.

Manager

Member

Authorized

Person

Other

Address: \_\_\_\_

Other\_\_\_\_

Name: \_\_\_\_\_

Address:

Other\_\_\_\_

Manager

Member

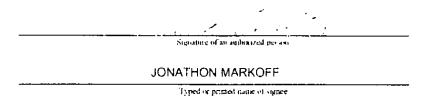
Authorized

Person

∏Other

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 8.817.155, F.S.



Page 1

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FE OPERATIONS, 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-SEVENTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FE OPERATIONS, LLC" WAS FORMED ON THE FIRST DAY OF AUGUST, A.D. 2019.

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

Authentication: 203007203

Date: 03-27-23

7542336 8300 SR# 20231155728