Secretary of State

LLC-5

Application to Register a Foreign Limited **Liability Company (LLC)**

-FILED-

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Secretary of State	LLC-5	LLC-5		For Office Use Only		
Application to Register a Foreign Limited Liability Company (LLC)		-FILED- File No.: 202565219365 Date Filed: 1/3/2025				
Must be submitted with a current Certificate of Good Standin government agency where the LLC was formed.	g issued by the					
Filing Fee - \$70.00						
Certified Copy Fee (Optional) - \$5.00						
Note: Registered LLCs in California may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to https://www.ftb.ca.gov/			This Space For Office Use Only			
1a. LLC Name (Enter the exact name of the LLC as listed on your att	ached Certificate of	Good Standing.)			
Per Se MSP, LLC					690	
1b. California Alternate Name, If Required (Only enter an al	ternate name if the l	LC name in 1a	not available in Californ	ia.)		
LLC Jurisdiction (Ensure that the jurisdiction matches the attack	ched Certificate of G	ood Standing.)			9	
a. Jurisdiction (State, foreign country or place where this LLC is formed						
]	Illinois					
b. Authority Statement (Do not after Authority Statement)					_	
This LLC currently has powers and privileges to conduct be	usiness in the st	ate, foreign c	ountry or place ent	ered in It	em 2a.	
3. Business Addresses (Enter the complete business addresse	es. Items 3a and 3b	cannot be a P.O	. Box or "in care of" an i	ndividual o	r entity.)	
a. Street Address of Principal Office - Do not enter a P.O. Box	1 - `	` '		le Zip Code 60187		
108 W. Liberty Dr		Wheaton		6018		
b. Street Address of Principal Office in California, if any - Do not enter a P.O.	Box City (no abbre	City (no abbreviations)		e Zip Co	ode	
c. If the Mailing Address is the same as item 3a or 3b, check the applicable bo	ox: 🔽 3a 🔲 3b					
d. Mailing Address - if different than item 3a or 3b	City (no abbro	City (no abbreviations)		e Zip Co	Zip Code	
4. Service of Process (Must provide either Individual OR Corpor					ode	
INDIVIDUAL - Complete Items 4a and 4b only. Must include agent's		····			D:#:	
a. California Agent's First Name (if agent is not a corporation)	Middle Name	'	Last Name		Suffix	
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbr	eviations)	Stat	'	ode	
CORPORATION - Complete Item 4c only. Only include the name of	f the registered age	nt Corporation.				
c. California Registered Corporate Agent's Name (if agent is a corporation) - I						
Corporation Service Company Which Will Do Business In C	alifornia As CSC	- Lawyers In	corporating Service	2		
5. Read and Sign Below (Title not required.) By signing, I affirm under penalty of perjury that the information behalf of the foreign LLC		ue and correc	at and that I am auti	horized to	o sign	

Chris O'Neill

Type and Print Name

File Number

1209173-7



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

PER SE MSP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 29, 2022, 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 2ND

day of JANUARY A.D. 2025

Authentication #: 2500200168 verifiable until 01/02/2026

Authenticate at: https://www.ilsos.gov

Alexi Sianarah SECRETARY OF STATE