



## FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

For Office Use Only

-FILED-

File #: 0006056025

Base Filing fee: \$100.00 + \$20.00 for manual processing (form must be typ Date Filed: 1/7/2025 2:16:00 PM

(Enter a name here, only if you are required to adopt an alternate name)  Select the type of entity you wish to register:  Business Corporation General Partnership Nonprofit Corporation Limited Liability Partnership  Limited Liability Partnership Limited Liability Company Statutory Trust, Business Trust, or Common-law Business Trust Other:  (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)  Jurisdiction of formation:  II.  (Provide the domestic jurisdiction where the entity was formed)  Foreign the domestic jurisdiction where the entity was formed)  (Street Address) (Street Address) (Street Address) (Street Address) (Mailing Address, if different)  The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  (Street Address) (Mailing Address, if different)  The mailing address to which correspondence should be addressed, if different from item 5, is:  (Address)  Name and street address of registered agent in Idaho:  C T Corporation System 1555 W. Shoreline Drive Suite 100 Boise, ID 83702  (Name and Address)  The name, capacity, and mailing address of at least one governor: (See attached)  Vito P. LoVerde Manager 6318 Kingsbridge Drive, Cary, IL 60013  (Name) (Capacity) (Address)  Secretary of State use only  Typed Name:  Vito P. LoVerde  Signature:  Vito P. LoVerde  Signature:	The name of the entity is: XLT	Management Serv	ices, LLC	
Select the type of entity you wish to register:  Business Corporation General Partnership Nonprofit Corporation General Cooperative Association Limited Liability Partnership Limited Partnership (Including a limited liability limited partnership)  **Limited Liability Company Statutory Trust, Business Trust, or Common-law Business Trust Other:    (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)  Jurisdiction of formation:    (Provide the domestic jurisdiction where the entity was formed)	The name which it shall use in Idaho is:			
Business Corporation Nonprofit Corporation Ceneral Partnership Nonprofit Corporation Ceneral Cooperative Association Limited Liability Partnership Limited Partnership (Including a limited liability limited partnership Statutory Trust, Business Trust, or Common-law Business Trust Other:  (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)  Jurisdiction of formation: IL  (Provide the domestic jurisdiction where the entity was formed)  The address of its principal office is: 6929 E. Greenway Parkway, Suite 100, Scottsdale, AZ 85254 (Sitreet Address) (Sitreet Address) GSTR Kingsbridge Drive, Cary, IL 60013 (Mailing Address, if different)  The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:  (Street Address)  (Mailing Address, if different)  The mailing address to which correspondence should be addressed, if different from item 5, is:  (Address)  Name and street address of registered agent in Idaho: CT Corporation System 1555 W. Shoreline Drive Suite 100 Boise, ID 83702  (Name and Address)  The name, capacity, and mailing address of at least one governor: (See attached)  Vito P. LoVerde  Manager  6318 Kingsbridge Drive, Cary, IL 60013  (Name)  (Capacity)  (Address)  Secretary of State use only  Typed Name:  Vito P. LoVerde  Signature:  Vito P. LoVerde  Signature:	Select the type of entity you w	ish to register:	(Enter a name here, only if you are required to adopt an alternate name)	
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Signature: VIII Flank				
Signature: VIX Plant				
	Typed Name: Vito P. LoVerde			
	10. LI			
	Signature:			
Capacity: Manager				

## File Number

1431584-5



## 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

XLT MANAGEMENT SERVICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 12, 2024, 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 31ST

day of DECEMBER A.D. 2024

Authentication #: 2436602404 verifiable until 12/31/2025

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

SECRETARY OF STATE