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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL

#### **COVER LETTER**

	stration Section ion of Corporations		
SUBJECT:	Sola Gratia, L.L.C. (Name of Limi	ted Liability Company)	
Florida," Cer	"Application by Foreign Limited Lial tificate of Existence, and check are supany to transact business in Florida		
Please return	all correspondence concerning this ma	atter to the following:	
	Susan E. Keay		
	(Nar	me of Person)	
	Sola Gratia, L.L.C.		
1 **	(Fire	m/Company)	ALL SEC
,	1070 Cobblestone Lane		T JUL +
	(	(Address)	THE P 3
	Wheaton, Illinois 60187		
	(City/Sta	te and Zip Code)	9
For further in	formation concerning this matter, plea	ise call:	
Susa	an E. Keay	_at (630) 690-7539	
	(Name of Person)	(Area Code & Daytime Tel	lephone Number)
Divisi P.O. E	LING ADDRESS: ion of Corporations Box 6327 nassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	check for the following amount: 5.00 Filing Fee \$\Bigcup \S130.00 Filing Fee \&\Certificate of S		0.00 Filing Fee, Certificate of Status & Certified Cop

### 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:

	ACT BUSINESS IN THE STATE OF FLORIDA:	
<sub>1.</sub> Sola Gratia, L.L.C.		:
(Name of Foreign Limited Liability	Company; must include "Limited Liability Company," "L.L.C.," or "LLC.	.")
	adopted for the purpose of transacting business in Florida and attach a copy obers adopting the alternate name. The alternate name must include "Limite	
Company," "L.L.C.," "LLC.")		·
<sub>2.</sub> Illinois	3. N/A	
(Jurisdiction under the law of which for company is organized)	eign limited liability (FEI number, if applicable)	
4. May 14, 2003 (Date of Organization)	<sub>5.</sub> Perpetual	
(Date of Organization)	(Duration: Year limited liability company will consist or "perpetual")	ase to
<sub>6.</sub> none		
(Date first tra (See sections 6	nsacted business in Florida, if prior to registration.) 08.501 & 608.502 F.S. to determine penalty liability)	
<sub>7.</sub> 1070 Cobblestone Land	)	
Wheaton, IL 60187	2007 SECR LLLA	
	(Street Address of Principal Office)	П
8. If limited liability company is a	manager-managed company, check here 🗹 👸 🎍 💆	
9. The name and usual business ad	dresses of the managing members or managers is as follows	) )
Susan E. Keay	39 10A	
1070 Cobblestone Land	)	
Wheaton, IL 60187	· · · · · · · · · · · · · · · · · · ·	
	ence, no more than 90 days old, duly authenticated by the official having custox rganized. (A photocopy is not acceptable. If the certificate is in a foreign langu translator must be submitted.)	
11. Nature of business or purposes	to be conducted or promoted in Florida: all business for	
which a Florida L.L.C. is	licensed to transact.	
Signature of (In accordance w	a member or an authorized representative of a member. ith section 608.408(3), F.S., the execution of this document constitutes inder the penalties of perjury that the facts stated herein are true.)	

Typed or printed name of signee

Susan E. Keay

## 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Lin	nited Liability Company is:		
Sola Gratia, L.L.	<u>.                                    </u>		
If name unavailable, th	e alternate name to be used in the state of Florida is:		
N/A		TAI S	
	lorida street address of the registered agent and office s	H <sub>O</sub>	TICH
Office	(Name)		
7812	P. Holiday Road South Florida Street Address (P.O. Box NOT ACCEPTABLE)	P 3: 39 FISTATE FLORIDA	
Jacks	sonville, Fl. 32216 FL 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 as provided for in Chapter 608, Florida Statutes.

Christin V. Keary
(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number

0091820-2



#### To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

SOLA GRATIA, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 14, 2003, 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.



Authentication #: 0718701882
Authenticate at: http://www.cyberdriveillinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH

day of

JULY

A.D.

2007

Desse White

SECRETARY OF STATE