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COVER LETTER

TO: Registration Section Division of Corporations
, , , , , , , , , , , , , , , , , , ,
SUBJECT: RFQ LLC Name of Limited Liability Company
Name of Emmed Examiny 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
Name of Felson
REA LICE
RF6 LLC Firm/Company
228 FIOLENCE ST Address
Address
Ceystal LAKE 12 1/0014 City/State and Zin Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (872) 737-7137 Name of Contact Person Area Code Daytime Telephone Number
Name of Contact Person Area Code Daytime Telephone Number
MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations
Registration Section Registration Section
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & \Bigcup \\$155.00 Filing Fee & \Bigcup \\$160.00 Filing Fee, Certificate Copy of Status & Certified Copy

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	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Foreign Limited Liability Company; must include Limited Liability Company, L.L.C., or LLC.)
	ne unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited ity Company," "L.L.C," or "LLC.")
2	11 3 26-4204852
Z. (Jui co	isdiction under the law of which foreign limited liability mpany is organized) 3. 20-4204852 (FEI number, if applicable)
4.	The first
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5	228 Flore RE ST
	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 228 FIOLENCE ST CRYSTAL LAKE IL GOOD (Street Address of Principal Office)
_	(Street Address of Principal Office)
6	KALUMAN TERMINANTAN TERMINANTA
o	
	(Mailing Address)
7 7	The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
,	
	DONNA BAER - Accounting Manager
٠,	228 FLAKENCE St.
	DOWNA BAEK - Accounting Manager 228 FLOKENCE St. Chystal Lake IL Good
havi acce	ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ng custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator to be submitted)
(in acc am aw	Signature of an authorized person ordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are 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.)
	Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

RFQ LLC If unavailable, the alternate to be used in the state of Florida is:			
2. The name and the Florida street address of the registered agent and office are:			
		4 APR 28 PH	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	1 (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	553	٠.٧
PLANTATION FL 3332Y City/State/Zip	_		
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am family	intment a provision	s ns of c	

accept the obligations of my position as registered agent as provided for in Chapter 605, Florida (Signature)

Statutes.

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

File Number

0307906-6



To all to whom these Presents Shall Come, Greeting:

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

RFQ LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 04, 2009, 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 #: 1411501784

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 25TH

day of

APRIL

A.D.

2014

Desse White

SECRETARY OF STATE