

M14 000067886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

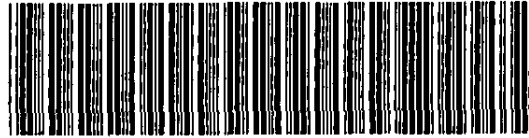
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/30/14--01033--012 **125.00

FILED
14 OCT 30 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 31 2014

LK LAWRENCE, KAMIN, UP SAUNDERS & UHLENHOP LLC

300 South Wacker Drive, Suite 500
Chicago Illinois 60606

312-372-1947 phone
312-372-2389 fax

www.LKSU.com
rdavid@LKSU.com Direct Dial: 312-924-4255

October 27, 2014

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: 5100 W. 96th Street, LLC
Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida

Dear Secretary of State:

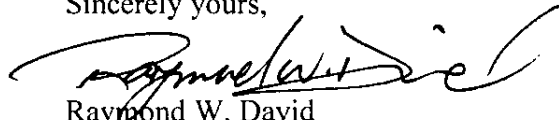
Enclosed for filing is an original and a copy of the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the above named LLC.

A check in the amount of \$125.00 is enclosed for the filing fees together with a certificate of good standing issued by the Illinois Secretary of State, Certificate of Designation of Registered Agent and the Cover Letter.

Upon your filing and approval of the Application, please return a filed stamped copy to the undersigned.

Thank you for your assistance in the matter.

Sincerely yours,



Raymond W. David
Legal Assistant

RWD/rwd
Enclosures

cc: James A. and Joan H. Buschbach
Joseph A. Zarlengo

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. 5100 W. 96th Street, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois

(Jurisdiction under the law of which foreign limited liability
company is organized)

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 5615 West 95th Street, Oak Lawn, IL 60453

(Street Address of Principal Office)

6. 5615 West 95th Street, Oak Lawn, IL 60453

(Mailing Address)

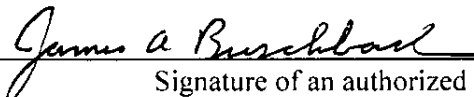
7. The name, title or capacity and address of the person(s) who has/have authority to manage this/are

James A. Buschbach, Manager

Joan H. Buschbach, Manager

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OCT 30 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance 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 true. 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 s.817.155, F.S.)

James A. Buschbach

Typed or printed name of signee

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
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2. Illinois

(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____

(FEI number, if applicable)

4. _____

(Date first transacted business in Florida, if prior to registration.)
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5. 5615 West 95th Street, Oak Lawn, IL 60453

(Street Address of Principal Office)

6. 5615 West 95th Street, Oak Lawn, IL 60453

(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage are

James A. Buschbach, Manager

Joan H. Buschbach, Manager

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

James A. Buschbach

Signature of an authorized person

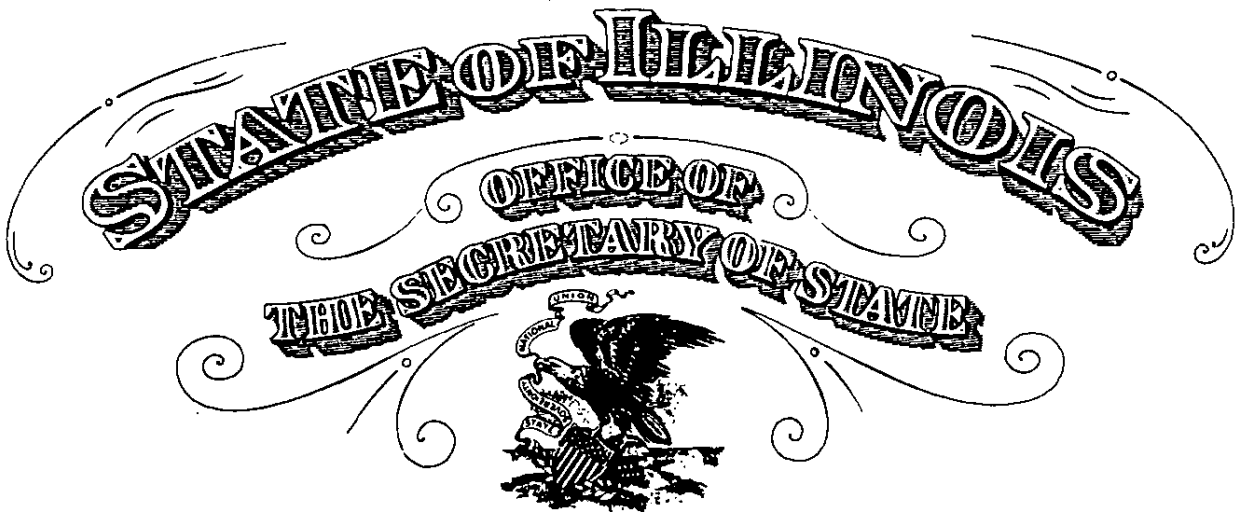
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

James A. Buschbach

Typed or printed name of signee

File Number

0499988-6

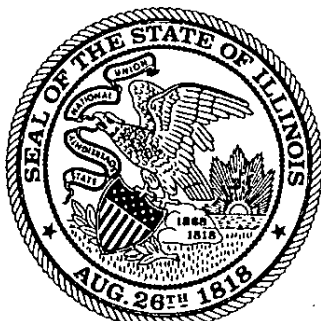


To all to whom these Presents Shall Come, Greeting:

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

5100 W. 96TH STREET, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 03, 2014, 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.

14 OCT 30 AM 10:00
SECRETARY OF STATE
ALLAINE
STATE OF ILLINOIS
FILED



Authentication #: 1430002598

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 27TH day of OCTOBER A.D. 2014 .

Jesse White

SECRETARY OF STATE

**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.

1. The name of the Limited Liability Company is:

5100 W. 96th Street, 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:

National Corporate Research, Ltd., Inc.
(Name)

155 Office Plaza Drive

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Tallahassee

FL 32301

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 605, Florida Statutes.

Anthony E. Mackay, VP of NCR
(Signature)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5100 W. 96th Street, LLC
Name of Limited Liability 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:

Joseph A. Zarlengo

Name of Person

Lawrence Kamin Saunders & Uhlenhop LLC

Firm/Company

300 S. Wacker Drive, Suite 500

Address

Chicago, IL 60606

City/State and Zip Code

jzarlengo@lksu.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond W. David

Name of Contact Person

312

Area Code

924-4255

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT 30 AM 10:00

FILED

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy