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J. HARRIS

## COVER LETTER

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**Registration Section Division of Corporations** 

TO:

SUBJECT:	GLOBAL ECONO	MICS GROUP LLC		
3000001		Name of	Limited Liability Company	<u></u>
				ansact Business in Florida," Certificate of y company to transact business in Florida.
Please return a	Il correspondence	concerning this matter to the	following:	
	PAULINE PA	NG		
		N	ame of Person	<del></del>
	GLOBAL ECC	DNOMICS GROUP LLC		
		F	irm/Company	<del></del>
	140 S DEARB	ORN ST STE 1000		
		-	Address	
	CHICAGO IL	60603		
		City/S	state and Zip Code	
	ppang@globalec	onomicsgroup.com		
		E-mail address: (to be use	d for future annual report no	tification)
For further info	ormation concernir	ng this matter, please call:		
PAUI	LINE PANG		312 470-65	11
	Name o	of Contact Person		rtime Telephone Number
Divisi Regis P.O. I	ion of Corporations tration Section 3ox 6327 bassee, FL 32314		Division Registrat Clifton E 266 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301
	heck for the follow 25.00 Filing Fee	ving amount:  \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Of name upar whole enter alternate of	Limited Liability Company, must include "Li name adopted for the purpose of transacting business in			1 C" or "11 C")
	arms and pred for the purpose of transacting business i		eu taabiity Company, - t.	ine, or like y
2. ILLINOIS  (Jurisdiction under the law of w	high foreign limited liability company is organized)	3. <u>26-2251389</u>	I number, if applicable)	<del></del>
		·		
4. 11/1/2017	(Date for transported burger, or Florida of the	or to escalable a		
	(Date first transacted business in Florida, if pri (See sections 605 0904 & 605 0905, F.S. to de	eremine penalty liability)		
5. 140 S DEARBORN ST		6. 140 S DEARBORN ST	Γ STE 1000	
(Street Address of Principal Office) CHICAGO, 1L 60603		· · ·	g Address)	
CHICAGO, IL 60603		CHICAGO, IL 60603	<u> </u>	<u> </u>
		·		<u> </u>
			:	m O =-
7. Name and street address	ss of Florida registered agent: (P.O. l	Box NOT acceptable)	•	1
Name:	BRENDAN BURKE		* * * •	~;
Name.				<u> </u>
Office Address:	1701 SUZI ST			
	PUNTA GORDA	, Florida 33950	Ji.	-
	(City)		ıp co <b>de</b> )	, <b>6</b> 7
to comply with the provis-	tion, I hereby accept the appointmentions of all statutes relative to the prosition as registered agent.		act in this capaci	ity. I further agree
to comply with the provis-	tion, I hereby accept the appointmentions of all statutes relative to the prossion as registered agent.	nt as registered agent and agree to	act in this capaci	ity. I further agree
to comply with the provis and accept the obligation	tion, I hereby accept the appointmentions of all statutes relative to the prossion as registered agent.	nt as registered agent and agree to oper and complete performance of continuous signature)	act in this capaci my duties, and I d	ity. I further agree am familiar with
to comply with the provise and accept the obligation  8. The name, title or caparities of Capacity:	ition, I hereby accept the appointmentions of all statutes relative to the prossor of my position as registered agent.  (Registered agent active and address of the person(s) when Name and Address:	ont as registered agent and agree to oper and complete performance of complete	act in this capaci my duties, and I d re:  Name and	ity. I further agree am familiar with Address:
to comply with the provisionand accept the obligation  8. The name, title or caps	tion, I hereby accept the appointmentions of all statutes relative to the prossion as registered agent.  (Registered agent)  (Registered agent)  (Registered agent)	nt as registered agent and agree to oper and complete performance of continuous continuous agents agent age	re:  Name and ROGER H	ity. I further agree am familiar with Address:
to comply with the provise and accept the obligation  8. The name, title or caparities of Capacity:	ition, I hereby accept the appointmentions of all statutes relative to the prossion as registered agent.  (Registered agent active and address of the person(s) when Name and Address:  DAVID EVANS	ont as registered agent and agree to oper and complete performance of complete	re:  Name and ROGER H	ity. I further agree am familiar with  Address: ICKEY ARBORN ST
to comply with the provisionand accept the obligation  8. The name, title or capatitle or Capacity:  CHAIRMAN	acity and address of the person(s) where the solutions of the person and address of the person and address:  DAVID EVANS  140 S DEARBORN ST  CHICAGO IL 60603	ont as registered agent and agree to oper and complete performance of complete	re:  Name and ROGER H 140 S DEA	ity. I further agree am familiar with  Address: ICKEY ARBORN ST
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to comply with the provisionand accept the obligation  8. The name, title or capatitle or Capacity:  CHAIRMAN	acity and address of the person(s) where the solutions of all statutes relative to the prosition as registered agent.  (Registered agent.)  Active and address of the person(s) where the person(s) where the person of the person	ont as registered agent and agree to oper and complete performance of complete	re:  Name and ROGER H 140 S DEA	ity. I further agree am familiar with  Address: ICKEY ARBORN ST
8. The name, title or caparities or Capacity: CHAIRMAN  PRESIDENT  (Use attachments if neces)	Action, I hereby accept the appointmentions of all statutes relative to the prosition as registered agent.  (Registered agent.)  (Regis	ont as registered agent and agree to oper and complete performance of the performance of	re:  Name and ROGER H 140 S DEA CHICAGO	Address: ICKEY ARBORN ST DIL 60603

Typed or printed name of signee

ROGER HICKEY



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

I, Jesse White, 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

GLOBAL ECONOMICS GROUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 25, 2008, 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 10TH day of NOVEMBER A.D. 2017 .

Authentication #: 1731401894 verifiable until 11/10/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE