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(Re	equestor's Name)
(A	ddress)
(A	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(De	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: STERLING ACCESS SOLUTIONS, LI	LC
Na	ime of Limited Liability Company
The enclosed "Application by Foreign Limited Liability Existence, and check are submitted to register the above	y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter	to the following:
MARC HARDIN	
	Name of Person
STERLING ACCESS SOLUTIONS	S, LLC
	Firm/Company
501 E. 151st ST	
	Address
PHOENIX, IL 60426-2402	
	City/State and Zip Code
TAX@STERLINGLUMBER.COM	
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter, please co	ail:
MARC HARDIN	at (708) 388-2223 EXT 2246
Name of Contact Person	Area Code 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
Enclosed is a check for the following amount: \$125.00 Filing Fee \$130.00 Filing Fe Certificate of Status	

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

IN COMPILANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Limited Liability Company; must include "Limi	ted Liability Company," "L.L.C.," or "LLC."	•
	,	to be before the second	•
If reane unavailable, enter alternate	name adopted for the purpose of transacting business in F	londa. The atternate name must include "Limited Lin	ability Company," "L.I. C," or "LLC")
LLINOIS		3. 82-0803884	
(Jurisdiction under the law of v	thich foreign limited liability company is organized)	(FI J num	sher, if applicable)
, N/A			
	(Date that transacted husaness in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ	o registration)	
501 E. 151st ST.		6. 501 E. 151st ST.	
(Street Address of	•	6. (Mailing Add	quen)
PHOENIX, IL 60426	-2402	PHOENIX, IL 60426-246	02
. Name and street addre	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable)	, « <u></u> .
Name:	InCorp Services, Inc.		″ αο . Σα
00	17888 67th Court North		IAR
Office Address:	17550 Oral Codit Hotal		(A) 1
	Loxahatchee	, Florida 33470	
Registered agent's accep	(City)	(Zap coo	<u>u</u> <u>±</u> :
			t InCom Services Inc
B. The name, title or caps	•		f InCorp Services, Inc
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who h		f InCorp Services, Inc Name and Address:
3. The name, title or capa Title or Capacity: PRESIDENT & CEO	acity and address of the person(s) who h	as/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity:	nacity and address of the person(s) who hame and Address: CARTER STERLING 12021 S. 88th Avenue	as/have authority to manage is/are:	
Title or Capacity:	acity and address of the person(s) who h Name and Address: CARTER STERLING	as/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity: PRESIDENT & CEO	cacity and address of the person(s) who hame and Address: CARTER STERLING 12021 S. 88th Avenue PALOS PARK, IL 80484	as/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity:	city and address of the person(s) who hame and Address: CARTER STERLING 12021 S. 88th Avenue PALOS PARK, IL 60484 CHRISTIAN STERLING	as/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity: PRESIDENT & CEO	cacity and address of the person(s) who hame and Address: CARTER STERLING 12021 S. 88th Avenue PALOS PARK, IL 80484	as/have authority to manage is/are: Title or Capacity:	Name and Address:
Title or Capacity: PRESIDENT & CEO SECRETARY/TREASUER (Use attachments if neces	cacity and address of the person(s) who hame and Address: CARTER STERLING 12021 S. 88th Avenue PALOS PARK, IL 80484 CHRISTIAN STERLING 117 AUGUSTA DRIVE PALOS HEIGHTS IL 60483	as/have authority to manage is/are: Title or Capacity: CFO	Name and Address: ROBERT LARRY 4046 Grove Avenue
Title or Capacity: PRESIDENT & CEO SECRETARY/TREASUER Use attachments if neces Attached is a certificate prisdiction under the law of the translator must be sue. This document is executed.	CARTER STERLING 12021 S. 88th Avenue PALOS PARK, IL 80484 CHRISTIAN STERLING 117 AUGUSTA DRIVE PALOS HEIGHTS IL 60483 sary) of existence, no more than 90 days old, of which it is organized. (If the certifical	as/have authority to manage is/are: Title or Capacity: CFO duly authenticated by the official hate is in a foreign language, a translate (!) (b), Florida Statutes, I am aware	Name and Address: ROBERT LARRY 4046 Grove Avenue Iving custody of records in the ion of the certificate under oale that any false information

Typed or printed name of signee

File Number

0602589-7



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

STERLING ACCESS SOLUTIONS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 03, 2017. 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 27TH day of FEBRUARY A.D. 2018.

Authentication #: 1805802986 verifiable until 02/27/2019
Authenticate at: http://www.cybergriveillinois.com

Desse White

SECRETARY OF STATE