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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

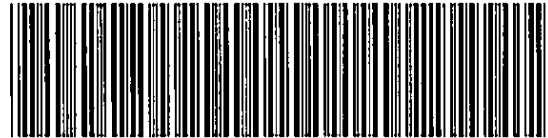
(Business Entity Name)

(Document Number)

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JUL 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHARPSCRIBE 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:

LORI HENERT
Name of Person
LTH ACCOUNTING & TAX SERVICES PC
Firm/Company
203 EASTON AVE
Address
WEST CHICAGO, IL 60185
City/State and Zip Code
LORI@LTHACCOUNTING.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LORI HENERT at (630) 846-0124
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 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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SHARPSCRIBE, 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. 81-4074113 (FEI number, if applicable)

4. JANUARY 1, 2018
(Date first transacted business in Florida, if prior to registration)
 (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 50 S. MAIN STREET (Street Address of Principal Office)
NAPERVILLE, IL 60540

6. 203 EASTON AVE (Mailing Address)
WEST CHICAGO, IL 60185

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DEB ALLEN

Office Address: 671 HERNANDO DR
MARCO ISLAND, Florida 34145
(City) (Zip code)

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 RECEIVED
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Deb Allen
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>MEMBER</u>	<u>KKB HOLDING LLC</u> <u>50 S MAIN ST</u> <u>NAPERVILLE, IL 60540</u>	<u>MEMBER</u>	<u>DAYNA PIERZCHALA</u> <u>50 S MAIN ST</u> <u>NAPERVILLE, IL 60540</u>
_____	_____	_____	_____
_____	_____	_____	_____

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Bilal Basrai
Signature of an authorized person

BILAL BASRAI, KKB HOLDING LLC
Typed or printed name of signer

File Number

0597508-5



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

SHARPSCRIBE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 05, 2016, 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 APRIL A.D. 2018 .

Jesse White

SECRETARY OF STATE