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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-0821 : (850)558-1515 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

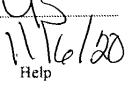
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## Foreign Limited Liability Company RIDGE GROVE, L.L.C.

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Page Count	04
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	TON 605.0902, FLORIDA STATUTES, THE FOL SINESS INTHE STATE OF FLORIDA:	LLOWING IS S	UBMITTED TO REGISTER	R A FOREIGN LIMITED (JABILITY
1. Ridge (Name of Foreign I	Grove L.L.C. Limited Liability Company; must include "Limited"	Liability Comps	tny," "L.L.C.," or "L.L.C.")	
(If name unavailable, enter alternate m	ame adopted for the purpose of transacting business in Flor	rida. The alternate	name must include "Limited List	nihty Company," "L.L.C," or "LLC.")
2. Illinois (Jurisdiction under the law of wi	ich foreign limited liability company is organized)	3	34-3922455 (FEI number	r, (fapplicable) 2029
4	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration ) e penalty (rability)		- <b>40</b>
5. 832 Cyst (Street Address of Principal Office)	er Ave, Evanston, 1L 60202			ve Evanston IL
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accept	able)	
Name:	Corporation Service Company		_	
Office Address:	1201 Hays Street		_	
	Tallahassee		32301 _, Florida	
	(City)	···-	, Florida(Zip code)	<del></del>
designated in this applicate comply with the provise	tance:  Igistered agent and to accept service of p  Ition, I hereby accept the appointment as  Itions of all statutes relative to the proper  Itions of my position as registered agent.  Corporation Service Company  By:	s registered a	igent and agree to act is	n this capacity. I juriner agree
	(Registered agent's	signature)		

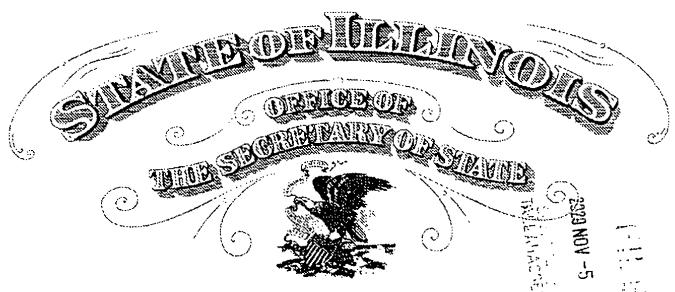
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	Name and Address:	Title or Capacity:	Name and Address
Manager	Name: Vista Trust	[]Manager	Name:
□Member	Address: 1569 Sherman Ave.	□Member	Address:
□Authorized	Evanston, 11 60202	□Authorized	
Person		Person	
Other	Other	□Other	
Manager □Member	Name: AL Belmonte.  Address: 832 Custer Ave.	□Manager □Member	Name: Use St. Address: TI
□Authorized	Evanston , IL 60202	□Authorized	22 F
Person		Person	A
Other	Other	□Other	□Other
⊒Manager	Name:	□Manager	Name:
∃Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
□Other	Other	Other	□Other

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## File Number

0158776-5



## 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

RIDGE GROVE, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 08, 2005, 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 5TH day of NOVEMBER A.D. 2020 .

Authentication #: 2031003734 verifiable until 11/05/2021
Authenticate at: http://www.cyberdrivelillinois.com

Desse White

SECRETARY OF STATE