

M21000015363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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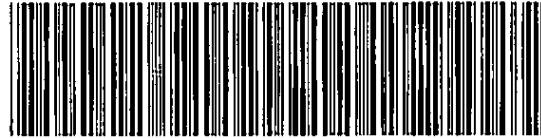
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 NOV 12 PM 5:00
TALLAHASSEE, FL

S. FRANKLIN

NOV 17 2021

November 10, 2021

VIA FEDERAL EXPRESS - STANDARD

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Re: DJL CONSULTING AND PROPERTY MANAGEMENT LLC

Gentlemen:

Enclosed please find the following with respect to the qualification of the above Illinois LLC in the State of Florida:

- Cover Letter.
- Application.
- Illinois Good Standing Certificate.
- Our firm check payable to your order in the amount of \$155.00.

Also enclosed is prepaid Federal Express envelope in which you can return the approved filing.

If you have any questions, please contact the undersigned as soon as possible.

Very truly yours,

FISCHEL | KAHN

Robert W. Kaufman

Robert W. Kaufman

RWK:js

Enc.

cc: Mr. Daniel J. Leahy, via e-mail, w/o enc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DJL CONSULTING AND PROPERTY MANAGEMENT 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:

ROBERT W. KAUFMAN
Name of Person

FISCHELJKAHN
Firm/Company

155 N. WACKER DRIVE SUITE 3850
Address

CHICAGO, IL 60606
City/State and Zip Code

djleahy99@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT W. KAUFMAN at (312) 726-0440 x214
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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2021 NOV 12 PM 5:00
TALLAHASSEE, FL

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. DJL CONSULTING AND PROPERTY MANAGEMENT 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. 46-2174280
(FEL 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. 116 E. CUTTRISS ST.
(Street Address of Principal Office)

6. 116 E. CUTTRISS ST.
(Mailing Address)

PARK RIDGE, IL 60068

PARK RIDGE, IL 60068

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

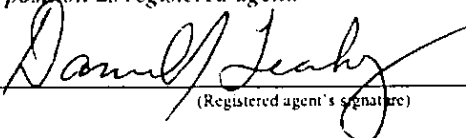
Name: DANIEL J. LEAHY

Office Address: 4175 SOUTH ATLANTIC AVE., UNIT 519

NEW SMYRA BEACH, FL, Florida 32169
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company, 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.


(Registered agent's signature)

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TALLAHASSEE, FL

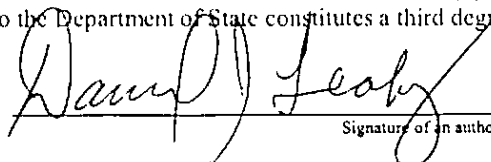
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☒ Manager	Name: DANIEL J. LEAHY	☐ Manager	Name: _____
☐ Member	Address: 116 E. CUTTRISS ST.	☐ Member	Address: _____
☐ Authorized Person	PARK RIDGE, IL 60068	☐ Authorized Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____
☐ Manager	Name: _____	☐ Manager	Name: _____
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized Person	_____	☐ Authorized Person	_____
☐ Other _____	☐ Other _____	☐ Other _____	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.



Signature of an authorized person

DANIEL J. LEAHY

Typed or printed name of signer

FILED
2021 NOV 12 PM 5:00
TALLAHASSEE, FL

File Number

0419515-9



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

DJL CONSULTING AND PROPERTY MANAGEMENT LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 27, 2013, 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 8TH
day of NOVEMBER A.D. 2021 .

Jesse White

SECRETARY OF STATE

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2021 NOV 12 PM 5:05
TALLAHASSEE FL