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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	.
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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COVER LETTER

TO:

E CO	CBM Prem	ier Management, LLC				
Name of Limited Liability Company						
		ny for Authorization to Transact Business in Florida," Cert ced foreign limited liability company to transact business in				
	irn all correspondence concerning this matter to the fo					
	Matthew Thomas Dattilo					
Name of Person						
	SIMPSON DATTILO, LLC					
	Firm	n/Company ;				
	5559 S. Archer Avenue, Suite 3	·				
	Address					
	Chicago, IL 60638	,				
	City/Stat	e and Zip Code				
	matt@simpsondattilo.com					
	E-mail address: (to be used f	or future annual report notification)				
ırthei	information concerning this matter, please call:					
	Matthew Thomas Dattilo	312 416-1953 ext 2				
_	Name of Contact Person	at () Area Code Daytime Telephone Number				
		treet Address:				
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Т	fallahassee, FL 32314 2	2415 N. Monroe Street, Suite 810 Callahassee, FL 32303				
P	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEPARTM 3 \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certif				

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. CBM Premier Manager (Name of Foreign	ment, LLC Limited Liability Company; must include "Limite	d Liabilit	y Company," "E.L.C.," or "LEC.")	
(If name unavailable, enter alternate r	ame adopted for the purpose of transacting business in F	lorida. The	alternate name must include "Limited Liability Co	mpany," "L.L.C," or "LL.C
Illinois 2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if appl	icable)
Upon registration				,
4	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	i.) liability)	
5559 S. Archer Avenue 5. Street Address of Principal Office)			5559 S. Archer Avenue	7
Street Address of Principal Office)			(Mailing Address)	
Suite 3	· No.		Suite 3	- 7
Chicago, IL 60638			Chicago, IL 60638	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT:	acceptable)	C
Name:	Corporation Service Company			
Office Address:	1201 Hays Street			
	Tallahassee		32301 . Florida	
	(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 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.

Katherine Carney
(Registered agent's signature)

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]:

Title or Capacity:	Name and Address:	Title or Capacity	Name and Address:	
■Manager	Name:	■Manager	Name:	
□Member	Address: 5559 S. Archer Avenue			
□Authorized	Suite 3	□Authorized	thorized Suite 3 Chicago, II, 60638	
Person	Chicago, IL 60638	Person		
□Other	Other	□Other	Other	
■Manager	Name:	□Manager	Name:	
□Member	Address: 5559 S. Archer Avenue	□Member	Address:	
□Authorized	Suite 3	□Authorized	<u> </u>	
Person	Chicago, IL 60638	Person		
□Other	Other	□Other	□Other □	
□Manager	Name:	□Manager	Name:	
⊒Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		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. 1 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.



File Number

0387352-8



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

CBM PREMIER MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 30, 2012, 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 day of A.D.**JANUARY** 2023

Authentication #: 2302504940 verifiable until 01/25/2024

Authenticate at: https://www.ilsos.gov