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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

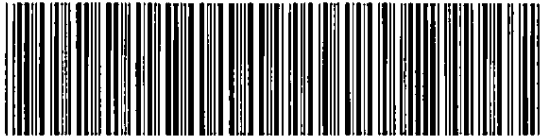
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2023 APR 20 PM 6:50  
FILED

MAY 05 2023  
K. Brumbly



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 5, 2023

DR. BART A. BASI  
603 LONGBOAT KEY CLUB RD., STE. 101N  
LONGBOAT KEY, FL 34228

SUBJECT: DRH PROPERTIES, LLC - SERIES 6801 SUEMAC  
Ref. Number: W23000046236

We have received your document for DRH PROPERTIES, LLC - SERIES 6801 SUEMAC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

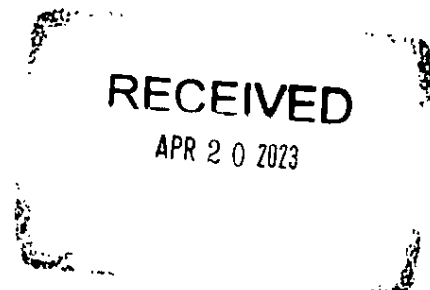
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

Letter Number: 323A00007761



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DRH PROPERTIES, LLC - SERIES 6801 SUEMAC  
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:

DR. BART A. BASI  
Name of Person  
THE CENTER FOR FINANCIAL, LEGAL, AND TAX PLANNING, INC.  
Firm/Company  
603 LONGBOAT KEY CLUB RD, SUITE 101N  
Address  
LONGBOAT KEY, FL 34228  
City/State and Zip Code  
BBASI@TAXPLANNING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. BART A. BASI at 941 383-3338  
Name of Contact Person Area Code Daytime Telephone Number

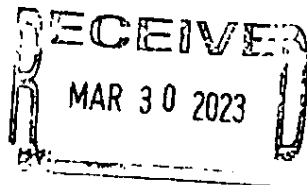
**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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



**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. DRH PROPERTIES, LLC - SERIES 6801 SUEMAC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

DRH PROPERTY VENTURES, LLC - SERIES 6801 SUEMAC  
(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. 88-3019709  
(FEI number, if applicable)

4. OCTOBER 5, 2022  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4501 W DEYOUNG STREET  
(Street Address of Principal Office)

SUITE 200

MARION, IL 62959

6. 4501 W DEYOUNG STREET  
(Mailing Address)

SUITE 200

MARION, IL 62959

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

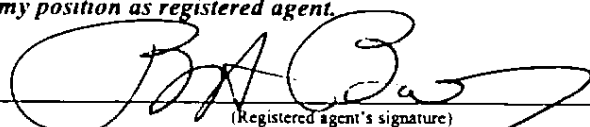
Name: DR. BART A. BASI

Office Address: 603 LONGBOAT KEY CLUB ROAD, UNIT 101N

LONGBOAT KEY, Florida 34228  
(City) (Zip code)

2023 APR 20 PM 6:50

**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.*

  
(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:**

Manager              Name: DONALD M. HUNE  
 Member                      Address: 113 CUTTER COURT  
 Authorized              PONTE VEDRA BEACH, FL 32082  
 Person  
 Other \_\_\_\_\_               Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

Manager              Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized  
 Person  
 Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: RACHAEL K HUNE  
 Member                      Address: 113 CUTTER COURT  
 Authorized              PONTE VEDRA BEACH, FL 32082  
 Person  
 Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized  
 Person  
 Other \_\_\_\_\_               Other \_\_\_\_\_

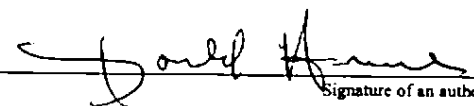
Manager              Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized  
 Person  
 Other \_\_\_\_\_               Other \_\_\_\_\_

Manager              Name: \_\_\_\_\_  
 Member                      Address: \_\_\_\_\_  
 Authorized  
 Person  
 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)

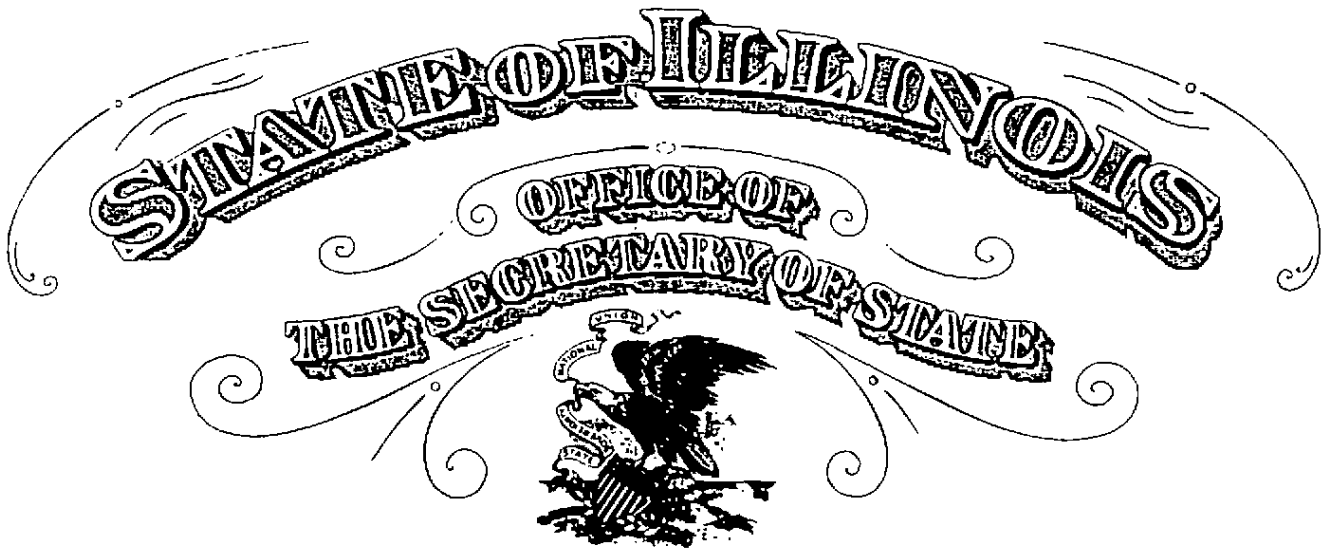
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

DONALD HUNE  
 \_\_\_\_\_  
 Typed or printed name of signer

File Number

1175009-5



**To all to whom these Presents Shall Come, Greeting:**

*I, Alexi Giannoulis, 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*

DRH PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 26, 2022, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF DRH PROPERTIES, LLC-SERIES 6801 SUEMAC ON JUNE 07, 2022, 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 22ND day of MARCH A.D. 2023 .**



*Alexi Giannoulis*

SECRETARY OF STATE