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SERVICES	CC	DRPORATION NAME (S) AND DOCUMENT NUMBER (S)
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Filing Evidence ☑ Plain/Confirmation	Сору	Type of Document ☐ Certificate of Status
□ Certified Copy		□ Certificate of Good Standing
		□ Articles Only
Retrieval Reques Photocopy	t	 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate
□ Certified Copy		□ Other
NEW FILINGS		AMENDMENTS
Profit		Amendment
Non Profit		Resignation of RA Officer/Director
Limited Liability		Change of Registered Agent
Domestication		Dissolution/Withdrawal
Other		Merger
OTHER FILINGS		REGISTRATION/QUALIFICATION
Annual Reports		Foreign
Fictitious Name	Х	Limited Liability
Name Reservation		Reinstatement
Reinstatement		Trademark

Other

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: AMIGO MGA 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited L Company," "L.L.C," "LLC.") **ILLINOIS** APPLIED FOR (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 5/18/2009 PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. PENDING (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 1658 MILWAUKEE AVENUE CHICAGO, ILLINIOS 60647 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: ALAN T. RASOF, 1658 MILWAUKEE AVENUE, CHICAGO, ILLINOIS 60647 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: The transaction of any or all lawful business for which a limited liability company may be organized under the Act Signature of a member or an authorized representative of a member. (in accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Michael S. Roberts, Attorney

Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

AMIGO MGA LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	,	
NRAI SERVICES, INC.		
(Name)		
2731 EXECUTIVE PARK DRIVE, SUITE 4	* *	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		•
		. .
WESTON FL 33331		•
City/State/Zip		
Having been named as registered agent and to accept service of process for the above st liability company at the place designated in this certificate, I hereby accept the appointm agent and agree to act in this capacity. I further agree to comply with the provisions of a relating to the proper and complete performance of my duties, and I am familiar with an obligations of my position as registered agent as provided for in Chapter 608, Florida Starting (Signature)	ent as regisi all statutes d accept the	tered
\$ 100.00 Filing Fee for Application		

\$ 25.00 \$ 30.00

5.00

Designation of Registered Agent

Certified Copy (optional)
Certificate of Status (optional)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

AMIGO MGA LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 18, 2009, 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.



Authentication #: 0913901422
Authenticate at: http://www.cyberdrivelilinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH

day of

MAY

A.D.

2009

Desse White

SECRETARY OF STATE