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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

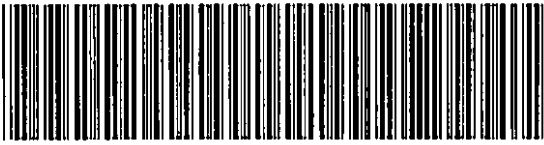
(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Muelle & Co., LLLP

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Robert J. Coursey

Contact Person

Mueller & Co., LLLP

Firm/Company

202 North Rhodes Ave., Suite 102

Address

Sarasota, FL 34237

City, State and Zip Code

rcoursey@muellerepa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert J. Coursey

at (847) 340-1612

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$1,000.00 Filing Fee (\$965 Filing Fee and \$35 Registered Agent Fee)
- \$1,008.75 Filing Fees and Certificate of Status
- \$1,052.50 Filing Fees and Certified Copy
- \$1,061.25 Filing Fee, Certified Copy, and Certificate of Status

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2021

ROBERT J COURSEY
202 N RHODES AVE STE 102
SARASOTA, FL 34237

SUBJECT: MUELLER & CO. LLLP
Ref. Number: W21000001647

We have received your document for MUELLER & CO. LLLP and your check(s) totaling \$1061.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 421A00000385

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JAN 28 2021

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINESS IN FLORIDA**

1. Mueller & Co., L.L.P.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.P.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Illinois 3. 10/1/1968
State or Country of Formation Date of Formation

4. Federal Employer Identification Number 36-2658780

5. Name of Registered Agent for Service of Process and Florida Street Address:

Robert J. Coursey
202 North Rhodes Ave., Suite 102
Sarasota, FL 34237

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.

Signature of Registered Agent

7. Principal Office:
202 North Rhodes Ave., Suite 102
Sarasota, FL 34237

8. Mailing Address:
202 North Rhodes Ave., Suite 102
Sarasota, FL 34237

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Robert J. Coursey
Street Address: 202 North Rhodes Ave., Suite 102
Sarasota, FL 34237
Mailing Address: 202 North Rhodes Ave., Suite 102
Sarasota, FL 34237

Name of General Partner: Ann W. Behrens
Street Address: 1707 N. Randall Road, Suite 200
Elgin, IL 60123
Mailing Address: 1707 N. Randall Road, Suite 200
Elgin, IL 60123

Name of General Partner: Brian P. Sullivan
Street Address: 1707 N. Randall Road, Suite 200
Elgin, IL 60123
Mailing Address: 1707 N. Randall Road, Suite 200
Elgin, IL 60123

Name of General Partner: David J. Nisser
Street Address: 1707 N. Randall Road, Suite 200
Elgin, IL 60123
Mailing Address: 1707 N. Randall Road, Suite 200
Elgin, IL 60123

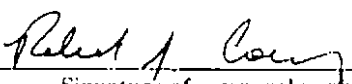
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 10/1/1968
 10/1/1968

Name of General Partner: <u>Jeffrey A. Delheimer</u>	Name of General Partner: <u>Army Chamoun</u>
Street Address: <u>1707 N. Randall Road, Suite 200</u>	Street Address: <u>1707 N. Randall Road, Suite 200</u>
<u>Elgin, IL 60123</u>	<u>Elgin, IL 60123</u>
Mailing Address: <u>1707 N. Randall Road, Suite 200</u>	Mailing Address: <u>1707 N. Randall Road, Suite 200</u>
<u>Elgin, IL 60123</u>	<u>Elgin, IL 60123</u>

11. Effective date, if other than the date of filing: 1/1/2021
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 16th day of December, 16, 2020


 Signature of a general partner

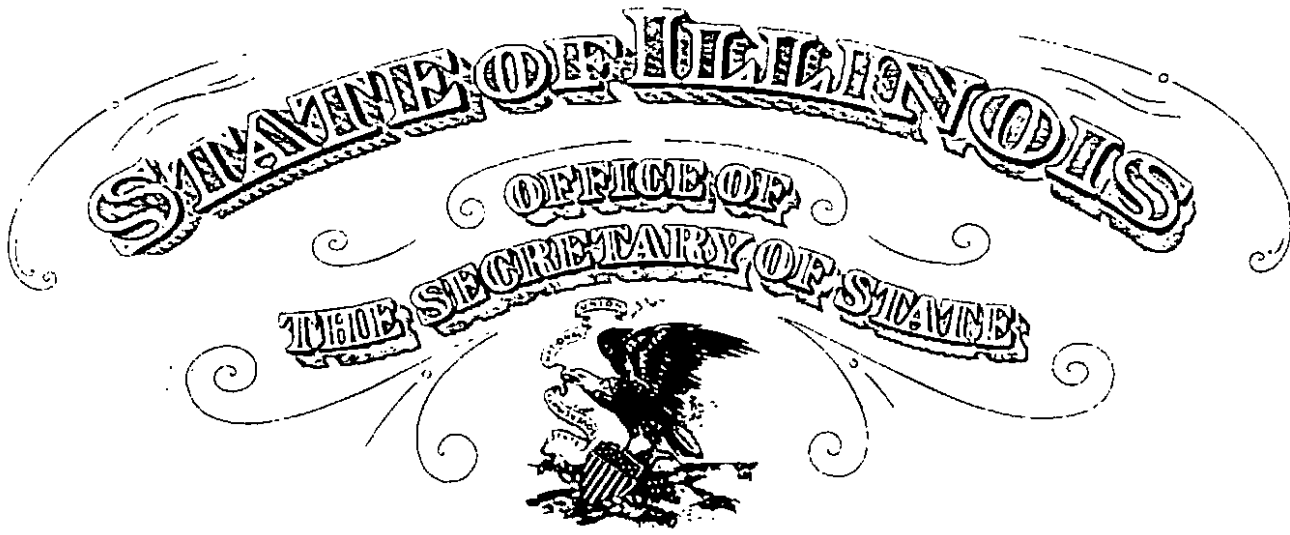
The individual signing this document affirms that the facts stated herein are true and the individual is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

LIST OF ADDITIONAL GENERAL PARTNERS:

NAME OF GENERAL PARTNER: Drent Shields
STREET ADDRESS: 1707 N. Randall Road, Suite 200, Elgin, IL 60123
MAILING ADDRESS: 1707 N. Randall Road, Suite 200, Elgin, IL 60123

NAME OF GENERAL PARTNER: Beth Ulbrich
STREET ADDRESS: 1707 N. Randall Road, Suite 200, Elgin, IL 60123
MAILING ADDRESS: 1707 N. Randall Road, Suite 200, Elgin, IL 60123



To all to whom these Presents Shall Come, Greeting:

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

MUELLER & CO., LLP, HAVING FILED A STATEMENT OF QUALIFICATION IN THE STATE OF ILLINOIS ON JUNE 15, 1999, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM PARTNERSHIP ACT (1997) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY PARTNERSHIP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 25TH day of JANUARY A.D. 2021 .



Authentication #: 2102603224

Authenticate at: <http://www.cyberdriveillinois.com>

Jesse White

SECRETARY OF STATE