# B24000000168

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

Office Use Only



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#### COVER LETTER

ro: Registration Section Division of Corporations	
SUBJECT: MARCH STREET PARTICIPATION Name of Foreign Limited Partnership or Limited Liability Limit	ted Partnership
The enclosed application, certificate of status and fees are submitted to register a fore partnership to transact business in Florida. Please return all correspondence concerning this matter to:	
Romacl Amer	
Caverbach + Amenicas	
LOUS N. RIVER ROAD	
Napervilv, 10 (005/03) City, State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:    LON   Area Code and Daytime   Area Code and Daytime	3.1483 Telephone Number
Enclosed is a check for the following amount:	•
□\$1,000.00 Filing Fee □\$1,008.75 Filing Fees (\$965 Filing Fee and S35 Registered Agent Fee) □\$1,008.75 Filing Fees and Certificate of and Certified Copy	\$1.061.25 Filing Fee. Certified Copy, and Certificate of Status
Division of Corporations P.O. Box 6327  Division The Cent	iress: ion Section of Corporations re of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

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

TO TRANSACT BUSINE	SS IN FLORIDA
1 Lauxebaun - Amenup	(0.)
(Name of Limited Partnership or Limited Liability Limited Acceptable Limited Partnership suffixes: Limited Partnership, Limited.	Partnership, which must include suffix)  I. P. I.P. or Ltd.
Acceptable Limited Liability Limited Partnership suffixes. Limited Liab	bility Limited Partnership, L.L.P. or LLLP.
If name unavailable, name under which the limited partnership or limi business in Florida; must cont	ted liability limited partnership proposes to register to transact ain acceptable suffix.
	03/01/1997
State or Country of Formation	Date of Formation
4. Federal Employer Identification Number. <u>36 - 413368</u>	<u></u>
5. Name of Registered Agent for Service of Process and Florida Str	eet Address:
David Murciano	
15481 MURCOH HARVEH WOP	
WINHR GARDEN, FC 34787	
<ol> <li>I hereby accept the appointment as registered agent and agree to accept all statutes relative to the proper and complete performance of my position as registered agent.</li> </ol>	y duties, and I am familiar with and accept the obligations of
Signature of Regis	<u> </u>
7. Principal Office: 8. Maili	ing Address:
	8 N. RIVEK Road
Naperville, 12 60563 Na	PERVILLE, IL GOSTO3
	<u> </u>
9. If limited partnership is a limited liability limited partnership, o	check box. 🗆
10. Name, principal office address, and mailing address of each ge	neral partner:
Name of General Partner: Ron Amen	Name of General Partner: Jamie Wilkey
Street Address: LOUK N. RIVER ROSS	Street Address: LUP. N. LIVER KOLD
Naprevill 12 60003	Napienily, 16 605203
Mailing Address: Same as above	Mailing Address: <u>Samu as above</u>
Name of General Partner: MUHA BUKAN	Name of General Partner: Wathan Galtill
Street Address: UNX N. LIVER ROPO	Street Address: UUX N. LIVEL Likel
Naperville 16 40543	Maparully / 40503
Mailing Address: Same as atmy	Mailing Address: Same as above

#### Page 1 of 2

Street Address: Ules N. PNUR ROAd Street	Naperville, 12 60763		
Mailing Address: Samu as above Mailin	g Address: Same as above		
11. Effective date, if other than the date of filing: 1/1/202-1 (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	24		
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.			

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\$52.50

\$8.75

Filing Fees:

Certified Copy (optional):

Certificate of Status (optional):

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)



# 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

LAUTERBACH & AMEN, LLP, HAVING FILED A STATEMENT OF QUALIFICATION IN THE STATE OF ILLINOIS ON APRIL 26, 2012, 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 24TH day of APRIL A.D. 2024 .

10 Him



Cut on Datted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 214278