

FI 6000000032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

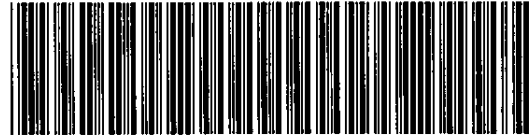
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100278292991

12/08/15--01010--014 **150.00

10/29/15--01019--030 **570.00

2015 DEC 30 AM 11:14
STATE OF FLORIDA
TALLAHASSEE

JAN 05 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIEBERMAN MANAGEMENT SERVICES, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KEVIN ADAM

Name of Person

LIEBERMAN MANAGEMENT SERVICES, INC.

Firm/Company

25 NORTHWEST POINT SUITE 330

Address

ELK GROVE VILLAGE, IL 60007

City/State and Zip code

KADAM@LMSNET.COM

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

For further information concerning this matter, please call:

KEVIN ADAM

847

777-7078

at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2015

KEVIN ADAM
25 NORTHWEST POINT SUITE 330
ELK GROVE VILLAGE, IL 60007

SUBJECT: LIEBERMAN MANAGEMENT SERVICES, INC.
Ref. Number: W15000070792

FILED
2015 DEC 30 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LIEBERMAN MANAGEMENT SERVICES, INC. and your check(s) totaling \$720.00. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

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 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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 015A00025920

RECEIVED
2015 DEC 30 PM 4:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 16, 2015

KEVIN ADAM
25 NORTHWEST POINT SUITE 330
ELK GROVE VILLAGE, IL 60007

SUBJECT: LIEBERMAN MANAGEMENT SERVICES, INC.
Ref. Number: W15000070792

2015 DEC 30 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILE

We have received your document for LIEBERMAN MANAGEMENT SERVICES, INC. and check(s) totaling \$570.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$150.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 715A00022614

FILED
2015 DEC 30 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 26, 2015

KEVIN ADAM
25 NORTHWEST POINT SUITE 330
ELK GROVE VILLAGE, IL 60007

SUBJECT: LIEBERMAN MANAGEMENT SERVICES, INC.
Ref. Number: W15000070792

FILED
2015 DEC 30 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LIEBERMAN MANAGEMENT SERVICES, INC. and check(s) totaling \$570.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$150.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$650.00.

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.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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.

Jenna D Harris

RECEIVED
15 NOV 10 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Regulatory Specialist II

Letter Number: 715A00022614

FILED
2015 DEC 30 AM 11:14
SUNSHINE
TALLAHASSEE FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

LIEBERMAN MANAGEMENT SERVICES, INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ILLINOIS 3. 36-3878933
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 3/17/1993 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

6. 1/1/2014
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 25 NORTHWEST POINT, SUITE 330 ELK GROVE VILLAGE, IL 60007
(Principal office address)

(Current mailing address, if different)

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

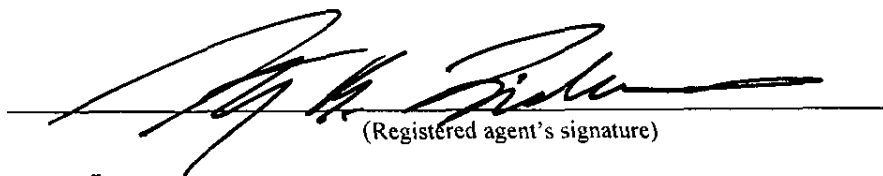
Name: STANLEY LIEBERMAN

Office Address: 5653 NW 23RD TERRACE

BOCA RATON, Florida 33496
(City) (Zip code)

9. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation 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)

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

FILED
2015 DEC 30 AM 11:14
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: STANLEY LIEBERMAN

Address: 5653 NW 23RD TERRACE
BOCA RATON, FL 33496

Vice Chairman: JIM PIO

Address: 25 NW Point Blvd, Ste 330
Elk Grove Village, IL 60007

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Jim Pio

Address: 25 NW Point Blvd, Ste 330
Elk Grove Village, IL 60007

Vice President: John Santoro

Address: 25 NW Point Blvd, Ste 330
Elk Grove Village, IL 60007

Secretary: Stanley Lieberman

Address: 25 NW Point Blvd, Ste 330

Treasurer: Stanley Lieberman

Address: 25 NW Point Blvd, Ste 330

2015 DEC 30 AM 11:14
STATE OF FLORIDA
DEPARTMENT OF STATE
RECEIVED

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
(Signature of Director or Officer)

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she 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.

13. STANLEY LIEBERMAN

(Typed or printed name and capacity of person signing application)

File Number

5722-652-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, 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

LIEBERMAN MANAGEMENT SERVICES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 17, 1993, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION 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 DECEMBER A.D. 2015 .

Jesse White

SECRETARY OF STATE