## F170000039S1

(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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08/25/17--01013--029 \*\*70.00



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August 28, 2017

**VIA FEDEX** 

FL Department of State **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Attn: Dionne

RE: Foreign Corporation Registration: Studio Gang Architects, Ltd.

Dear Dionne,

Lam writing to resubmit Foreign Corporation Registration for Studio Gang Architects, Ltd. Please find enclosed the revised executed application with the correct suffix.

Thank you for your attention to this matter. Please contact me with any questions at 844-554-2367 x703 or msuri@licensesure.biz.

Sincerely,

Manna Suri

801 Second Avenue, 15th Floor, New York, NY 10017 Tel. 844-554-2367 Fax. 212-682-6861 licensesure.biz

## COVER LETTER

TO: Registration Division of	n Section Corporations			
Studi	io Gang Architects, Ltd.	Corp.		
SUBJECT:	Name	of corporation -	must include suffix	
Dear Sir or Madam		·		
The enclosed "App	lication by Foreign Co		uthorization to Transact Busine ng" and check are submitted to	
	oreign corporation to t			
Please return all cor Patricia A. Harris	rrespondence concern	ing this matter to	o the following:	
		Name of Pe	erson	
LicenseSure LLC				
		Firm/Compa	any	
801 2nd Avenue, 15t	h Floor			
		Address	;	
New York, NY 1001	7			
		City/State and	Zip code	· · · · · · · · · · · · · · · · · · ·
ggarmisa@studiogan	-			
	E-mail address	s: (to be used for	future annual report notification	on)
For further informa	tion concerning this n	natter, please cal	1:	
Patricia Harris		844 at (	554.2367	三三 二
Name of P	erson	Area Code	Daytime Telephone Nur	nber 30
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 amo	ount:		
■ \$70.00 Filing Fe	ce	-	Certified Copy Ce	7.50 Filing Fee, rtificate of Status & rtified Copy

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

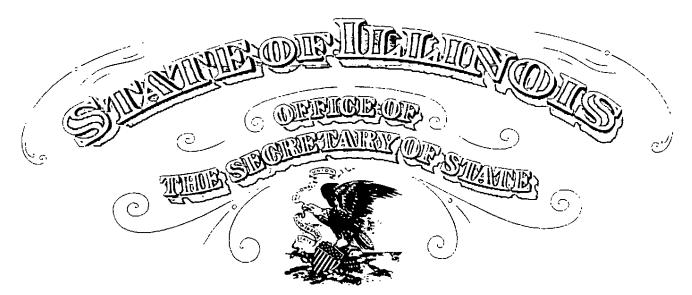
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orp," "Inc," "Co," or "Corp,")		
II name unavaila	ble in Florida, enter alternate corporate nam	e adopted for the purpose of transacting bus	iness in Florida)
Illinois		36-4246252 3	
02/04/1999	,	36-4246252 3	
(Date	of incorporation)	5(Date of duration, if other than p	perpetual)
N/A			
1520 W. Division	(SEE SECTIONS 607.1501 & 607. Street, Chicago, IL 60642	1502. F.S., to determine penalty liability)	
		cipal office address)	
	(Current mai	ling address, if different)	
Name and stree	t address of Florida registered agent: (P	P.O. Box <u>NOT</u> acceptable)	7.57 <b>2</b>
Name and stree	t address of Florida registered agent: (P LicenseSure LLC	P.O. Box NOT acceptable)	
Name:		P.O. Box <u>NOT</u> acceptable)	13 MG 36
Name:	LicenseSure LLC  75 N Woodward Ave, #85007  Tallaharana		NA ANG 30 PA
Name:	LicenseSure LLC  75 N Woodward Ave, #85007  Tallaharana	P.O. Box NOT acceptable)  The second	17 NG 30 PM E
Name: ffice Address:	LicenseSure LLC  75 N Woodward Ave, #85007  Tallahassee  (City)		1 NIC 30 PA K
Name:  ffice Address:  Registered age	LicenseSure LLC  75 N Woodward Ave, #85007  Tallahassee  (City)  nt's acceptance:	. Florida 32313 (Zip code)	poration at the p
Name:  ffice Address:  Registered age laving been namesignated in this arther agree to co	LicenseSure LLC  75 N Woodward Ave, #85007  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept ser application, I hereby accept the appoin	. Florida 32313 (Zip code)  rvice of process for the above stated construent as registered agent and agree to serelative to the proper and complete pe	poration at the p act in this capac
Name:  ffice Address:  Registered age laving been namesignated in this arther agree to co	LicenseSure LLC  75 N Woodward Ave, #85007  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept ser application, I hereby accept the appointments of all statutes	. Florida 32313 (Zip code)  rvice of process for the above stated construent as registered agent and agree to serelative to the proper and complete pe	poration at the p act in this capac
Name:  office Address:  Registered age laving been namesignated in this arther agree to co	LicenseSure LLC  75 N Woodward Ave, #85007  Tallahassee  (City)  nt's acceptance: ed as registered agent and to accept ser application, I hereby accept the appointments of all statutes	. Florida 32313 (Zip code)  rvice of process for the above stated construent as registered agent and agree to serelative to the proper and complete pe	poration at the p act in this capac

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.

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

A. DIRE	Jeanne Gang	
Chairman: Address:	1520 W. Division Street, Chicago, IL 60642	
-	Mark Schendel	
	rman:	
Director:	1520 W. Division Street, Chicago, IL 60642	
Director:	Mark Schendel  1520 W. Division Street, Chicago, IL 60642	
	Jeanne Gang 1520 W. Division Street, Chicago, IL 60642	
	Gregg Garmisa dent: 1520 W. Division Street, Chicago, IL 60642	
Secretary:	1520 W. Division Street, Chicago, IL 60642	30 7
Treasurer:	Mark Schendel 1520 W. Division Street, Chicago, H. 60642	5
NOTE: 1  12  The office are true as	Signature of Director or Officer er or director signing this document (and who is listed in number 11 above) affirmed that he or she is aware that false information submitted in a document to the Degree felony as provided for in s.817.155, F.S.	s that the facts stated herein
13. Jeann	(Typed or printed name and capacity of person signing application)	



## 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

STUDIO GANG ARCHITECTS, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 04, 1999, 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 28TH A.D.

day of JULY

2017

Authentication #: 1720902100 verifiable until 07/28/2018 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE