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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



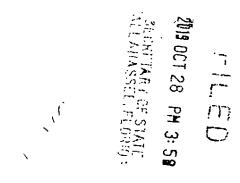
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EXAMINER





October 22, 2019

KELLY FRIEND 4180 NO. RT. 83 STE 8 LONG GROVE, IL 60047

SUBJECT: LONG GROVE FINANCIAL SERVICES, LTD.

Ref. Number: W19000093420

We have received your document for LONG GROVE FINANCIAL SERVICES, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6939.

Tammi Cline Regulatory Specialist III

Letter Number: 819A00021725

TOTAL FARY OF STATE.

COVER LETTER

TO: Registration Section Division of Corporations			
Long Grove Financial S	ervices, LTD		
SUBJECT:		- must include suffix	
111	anie or corporation	- mast menue same	
Dear Sir or Madam:			
The enclosed "Application by Foreig "Certificate of Existence," or "Certificate of eight corporation above referenced foreign corporation	ficate of Good Star	nding" and check are subm	Business in Florida," itted to register the
Please return all correspondence con Kelly Friend	cerning this matte	r to the following:	
	Name of	Person	
Long Grove Financial Services, LTD			
	Firm/Con	npany	-
4180 No. Rt. 83 Ste 8			
	Addr	ess	
Long Grove, IL 60047			29
	City/State a	ınd Zip code	ALC CT
kellyfriend@longgrovemortgage.com	_		
E-mail ad	ldress: (to be used	for future annual report no	tification) $\underset{\sim}{\text{History}} \infty$
For further information concerning t	his matter, please	call:	<u> </u>
Kelly Friend	847	634-2252 SE 55	
	at (<u> </u>
Name of Person	Area Coo	de Daytime Telepho	one number
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301		MAILING AD Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	ction porations
Enclosed is a check for the following	g amount:		
	Filing Fee & Cate of Status	□ \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certificate of Status & Certified 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. Long Grove Financial Services, LTD $_{y}$ ($_{\mathcal{C}}$ $_{\mathcal{C}}$ $_{\mathcal{C}}$ $_{\mathcal{C}}$ ١. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "lnc.," "Co.," "Corp." "Inc," "Co," or "Corp.") Long Grove Mortgage Bancorp (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 4180 No. Rt. 83 ste 8, Long Grove IL 60047 (Principal office address) 7309 Greenbridge Ln, Long Grove IL 60060 (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Christine O'Reilly Name: 828 Olivia St. Office Address: Key West 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.

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

A. DIR	ECTORS			
Chairman	Kenneth Friend 7309 Greenbridge Ln			
Address:	Long Grove II. 60060			
	Kelly Friend			
Vice Cha	irman:	_		
Address:	7309 Greenbridge Ln			_
	Long Grove IL 60060			
Director:				
Address:				
Director:				
Address:				
B. OFF	TICERS			
President	Kenneth Friend			
Address:	7309 Greenbridge 1.n		N3:	
	Long Grove IL 60060		23	
Vice Pres	Kelly Friend	SVI KBE	CT 2	1:
Address:	7309 Greenbridge Ln	RY 6	8	1-1-
	Long Grove II. 60060		_ယ့_	
Secretary	Kelly Friend	35. 35. 15. 15. 15. 15. 15. 15. 15. 15. 15. 1	-:- -:-	-
Address:	7309 Greenbridge Ln. Long Grove IL 60060			
Treasure	Kelly Friend			
Address:	7309 Greenbridge Ln, Long Grove IL 60060			
	If necessary 7you may attach an addendum to the application listing additional officers and	- l/or dire	ctors	-
12.	enrell Trier			
	Signature of Director or Officer			
The offi	cer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department of th	ie facts: nt of Sta	stated hate cons	ierein stitutes
	egree felony as provided for in s.817.155, F.S.			
Ker	meth Friend Chairman			

File Number

6126-231-8



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

LONG GROVE FINANCIAL SERVICES, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 26, 2000, 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 9TH day of OCTOBER A.D. 2019 .

Authentication #: 1928202380 verifiable until 10/09/2020
Authenticate at: http://www.cyberdriveillinois.com

ac " race

SECRETARY OF STATE