Faccolan

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #	7)	
PICK-UP WAIT	MAIL	
(Business Entity Name)	
(Document Number)		
Certified Copies Certificates o	f Status	
Special Instructions to Filing Officer:		

Office Use Only



800340925618

02 2 0 2 0 11 01 mm 23 0 mm 73 . TR

2020 FEB 24 PM 2: 19







400) Tamiami Trail North, Suite 300 Maples, Florida 34103 1, 239 435 3535 | F 239 435 1218

Writer's Email: msullivan@cyklawfirm.com

February 21, 2020

Via FedEx - 7778 3046 7006

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32302

Re: Lawrence Management Company

Dear Sir or Madam:

The enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida and check are submitted to register the above referenced foreign corporation to transact business in Florida. Please return all correspondence concerning this matter to Mr. David Blum at 3262 Sedge Place, Naples, Florida 34105. The email address to be used for future annual report notification is db@blumnet.net.

Thank you.

Very truly yours,

Maureen Sullivan

Legal Assistant to Matthew L. Grabinski

mauree Sullivan

/mas

Enclosures

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.

	nagement Company			
(Enter name of o	corporation; must include "INCORPORATED," 'Corp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORA"	TION,"	
(If name unavail	able in Florida enter alternets comprets some ad-			
(tr name unavan	able in Florida, enter alternate corporate name ad		acting business in	n Florida)
··		5-2602446		
(State or counti	y under the law of which it is incorporated)	(FEI number, if applicable)		
September 14	٠			
(Date	of incorporation)	(Date of duration, if of	ther than pernetu	al)
1415 Panther Lane, Suite 200, Naples, FL 34109		(;- ;-:
·				
-	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 ane, Suite 200, Naples, FL 34109	lorida, if prior to registration) , F.S., to determine penalty li	iability) 2	
1415 Panther L	(SEE SECTIONS 607.1501 & 607.1502 ane, Suite 200, Naples, FL 34109 (Principal office	, F.S., to determine penalty li		
-	(SEE SECTIONS 607.1501 & 607.1502 ane, Suite 200, Naples, FL 34109 (Principal office	, F.S., to determine penalty li	ability): 21	
1415 Panther L	(SEE SECTIONS 607.1501 & 607.1502 ane, Suite 200, Naples, FL 34109 (Principal office) (Current mailing a	street address)	ability EE, LOR	
1415 Panther L	(SEE SECTIONS 607.1501 & 607.1502 ane, Suite 200, Naples, FL 34109 (Principal office) (Current mailing a set address of Florida registered agent: (P.O. 1	street address)	ability EE, LOR	
1415 Panther L	(SEE SECTIONS 607.1501 & 607.1502 ane, Suite 200, Naples, FL 34109 (Principal office) (Current mailing a	street address)	ability EE, LOR	
same as above Name and street	(SEE SECTIONS 607.1501 & 607.1502 ane, Suite 200, Naples, FL 34109 (Principal office) (Current mailing a set address of Florida registered agent: (P.O. 1	street address)	ability EE, LOR	
same as above Name and street	(SEE SECTIONS 607.1501 & 607.1502 ane, Suite 200, Naples, FL 34109 (Principal office (Current mailing a et address of Florida registered agent: (P.O. I Coleman, Yovanovich & Koester, P.A.	street address)	ability EE, LOR	

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.

> Coleman, Yovanovich & Koester, P.A. (Registered agent's signature)

> > Matthew L. Grabinski, President

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.

DocuSign Envelope ID: 5F0589E0-470B-4EE4-A23E-C5A6EBFD7E30 . A. DIRECTORS David Blum Name: ☐ Chairman Name: Chairman 3262 Sedge Place ☐ Vice Chairman Address: □ Vice Chairman Address: ____ Naples, FL 34105 Director □ Director **■**President ☐ President ☐ Vice President □Vice President **■**Secretary Treasurer ☐ Secretary Treasurer □ Other _____ Other____ Other _____ Other ____ Janet Blum Name: _____ □ Chairman ☐ Chairman Name: □Vice Chairman Address: 3262 Sedge Place ☐ Vice Chairman Address: Naples, FL 34105 Director Director □ President ☐ President ■ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer Other ____ Other ____ Other _____ Other □ Chairman □ Chairman Name: ____ □ Vice Chairman Address: □Vice Chairman Address: □Director Director □ President □ President □ Vice President _____ ☐ Vice President ☐ Secretary □Treasurer □ Secretary Treasurer Other □Other ____ □ Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

SignoturosofsDirector or Officer

13	David Blum, President



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

LAWRENCE MANAGEMENT COMPANY, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 14, 1966, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, 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 3RD day of FEBRUARY A.D. 2020 .

Authentication #: 2003401310 verifiable until 02/03/2021
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE