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COVER LETTER

10:		ion of Corporations					
SUBJI	ECT:	Kenmore-Tremont Development, LTD.					
0020		Name of corporation - must include suffix					
Dear S	ir or M	adam:					
"Certif	icate of		f Good Stand	Authorization to Transact Business in Florida," ling" and check are submitted to register the s in Florida.			
Please	return a	all correspondence concerning	g this matter	to the following:			
Jeremy	R. Baro	one					
			Name of F	Person			
Kenino	re-Trem	ont Development, LTD.					
			Firm/Com	pany			
937 No	rth Plun	n Grove Road, Suite B					
			Addre	ss			
Schaun	iburg. II	L 60173					
			City/State ar	d Zip code			
jbarone	@baron	espinalcare.com					
		E-mail address:	(to be used fo	or future annual report notification)			
For fur	ther in	formation concerning this ma	tter, please ca	all:			
Jeremy	R. Baro	one	st (⁸⁴⁷	619-7579			
	Name	e of Person	Area Code	Daytime Telephone Number			
	Regis Divisi The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Please i	make ch	check for the following amou eck payable to: FLORIDA DE, ing Fee	PARTMENT Fee & □	OF STATE \$78.75 Filing Fee & Certified Copy Certified Copy Certified Copy Certified Copy			

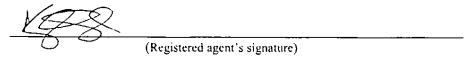
APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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.

Kenmore-Tremont Development, LTD., CORP.						
	orporation: must include "INCORPORATED orp." "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"				
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)				
2. Illinois	3	20-0937981				
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)				
4. March 24, 2004	5					
(Date	of incorporation)	(Date of duration, if other than perpetual)				
6. May 28, 2020						
	(SEE SECTIONS 607.1501 & 607.1	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)				
7. 937 North Plum C	Grove Road, Suite B, Schaumburg, IL 60173					
	(Principal of	fice street address)				
	(Current maili	ing address, if different)				
8. Name and stree	et address of Florida registered agent: (P.					
Name:	Kyle L. Shaw					
Office Address:	1701 Hermitage Blvd., Suite 100					
	Tallahassee, FL	, Florida 32308				
	(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.



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

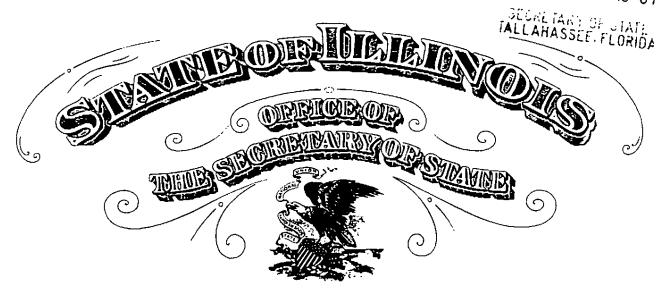
A. DIRECTORS			āna
□Chairman	Name: Jeremy R. Barone	□Chairman	Name:
□Vice Chairman	Address: 937 North Plum Grove Road	□Vice Chairman	Address: JALLAN JANY JE -
☐ Director	Suite B	□Director	Name:
President	Schaumburg, IL 60173	□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other	DOther	□Other	Other
□Chairman	Name:	□Chairman :	Name:
□ Vice Chaimnan	Address:	∐Vice Chairman	Address:
□Director		Director	
□President		□President _	
□Vice President		□Vice President	
☐ Secretary	Treasurer	□ Necretary	□Treasurer
Other	Other	COther	
TiChairman	Name:	□Chairman :	Same:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	·	Director	•
∃Presiden:		□President	
DVice Presidem		□Vice President	
ISecretary	☐ Treasurer	☐Secretary	□Treasure:
Other	Other	□Other	= 0ther
mportant Notice: Undividuals may be	See an attachment to report more than six (6). The added-to-the index when filing your Florida Depa. Signature of Direct	rtment of State Annual Repo	ort form.
the officer or direct the is aware that fall \$17 155, F.S.	tor signing this document (and who is listed in nurses information submitted in a document to the De	mber 11 above) affirms that	the facts stated herein are true and that he or
3 <u> </u>	Typed or printed name and capacity of p		
	(Typed or printed name and capacity of p	erson signing application)	

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File Number

6343-878-2

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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

KENMORE-TREMONT DEVELOPMENT, LTD., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 24, 2004, 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 30TH

day of

JUNE

A.D.2020 .

Authentication #: 2018202194 verifiable until 06/30/2021 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE