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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

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\_\_\_\_\_  
(Business Entity Name)

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OCT 22 2024

2024 OCT 22 PM 5:57

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 8501 COTTAGE GROVE ADVANCED LLC, AN ILLINOIS LIMITED LIABILITY COMPANY  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

LOWELL S. SCHOENFELD

\_\_\_\_\_  
Name of Person

GREEN SCHOENFELD & KYLE LLP

\_\_\_\_\_  
Firm/Company

1380 ROYAL PALM SQUARE BOULEVARD

\_\_\_\_\_  
Address

FORT MYERS, FLORIDA 33919

\_\_\_\_\_  
City/State and Zip Code

lowellschoenfeld@gskattorneys.com

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

For further information concerning this matter, please call:

LOWELL SCHOENFELD	239	936-7200
_____ Name of Contact Person	at (_____) _____ Area Code	_____ Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☒ \$155.00 Filing Fee & Certified Copy    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. 8501 COTTAGE GROVE ADVANCED LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ILLINOIS  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. NOT APPLICABLE  
(FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1380 ROYAL PALM SQUARE BOULEVARD  
(Street Address of Principal Office)

6. 1380 ROYAL PALM SQUARE BOULEVARD  
(Mailing Address)

FORT MYERS, FLORIDA 33919

FORT MYERS, FLORIDA 33919

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

Name: GSK REGISTERED AGENTS, INC.

Office Address: 1380 ROYAL PALM SQUARE BOULEVARD

FORT MYERS, Florida 33919  
(City) (Zip code)

2024 OCT 22 PM 5:57

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Joe Cuffel, V.P.  
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: LOWELL S. SCHIOENFELD

☐ Member Address: \_\_\_\_\_

☐ Authorized 1380 ROYAL PALM SQ BLVD

Person FORT MYERS, FL 33919

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

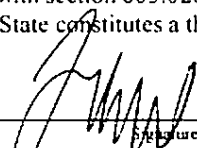
Person \_\_\_\_\_

☐ 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.

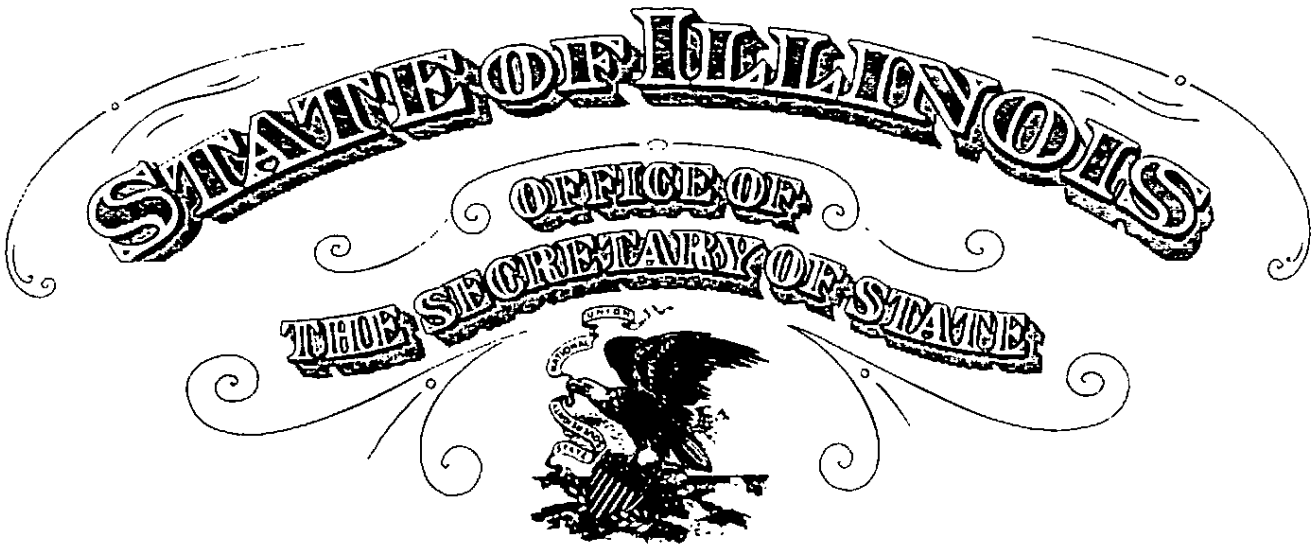
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

  
\_\_\_\_\_  
Signature of an authorized person  
LOWELL S. SCHIOENFELD, SOLE MANAGER

File Number

0438278-1



***To all to whom these Presents Shall Come, Greeting:***

*I, Alexi Giannoulas, 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*

8501 COTTAGE GROVE ADVANCED LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 03, 2013, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE. AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY 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 17TH*  
*day of OCTOBER A.D. 2024 .*



Authentication #: 2429102686 verifiable until 10/17/2025

Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*

SECRETARY OF STATE

Green Schoenfeld & Kyle LLP

2295

		CHECK			
DATE	DESCRIPTION	INVOICE #	AMOUNT	DEDUCTION	NET AMOUNT
27.00	Florida Department of State				
10/18/2024	Lapidus - 8648.007 - POH		155.00		155.00

CHECK DATE 10/18/2024	CONTROL NUMBER 2295	TOTALS ▶ Gross:	155.00	Ded:	0.00	Net:	155.00
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2295

Green  
Schoenfeld  
& Kyle LLP  
ATTORNEYS AT LAW

Green Schoenfeld & Kyle LLP  
1380 Royal Palm Square Boulevard  
Fort Myers, Florida 33919  
239-936-7200

FINEMARK NATIONAL BANK & TRUST  
12681 CREEKSIDE LANE  
FORT MYERS, FL 33919  
63-1623/670



DATE	CHECK	AMOUNT
10/18/2024	2295	****\$155.00

PAY \*\*\* ONE HUNDRED FIFTY-FIVE & 00/100 DOLLARS

TO THE  
ORDER  
OF  
Florida Department of State  
New Filing Section  
P.O. Box 6327  
Tallahassee FL 32314-6327



AUTHORIZED SIGNATURE

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(FEI number, if applicable)

4. \_\_\_\_\_  
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(Street Address of Principal Office)

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(Mailing Address)

FORT MYERS, FLORIDA 33919

FORT MYERS, FLORIDA 33919

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

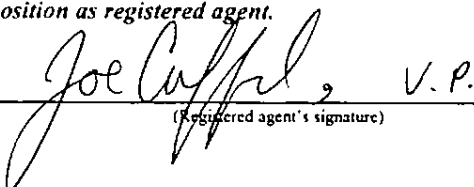
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 V.P.  
(Registered agent's signature)

264 OCT 22 PM 5:56

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:**                      **Name and Address:**

☒ Manager      Name: LOWELL S. SCHOENFELD

☐ Member      Address: \_\_\_\_\_

☐ Authorized      1380 ROYAL PALM SQ BLVD

FORT MYERS, FL 33919

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                                 \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                                 \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                                 \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                                 \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager      Name: \_\_\_\_\_

☐ Member      Address: \_\_\_\_\_

☐ Authorized      \_\_\_\_\_

                                 \_\_\_\_\_

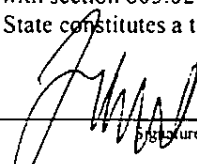
Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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\_\_\_\_\_  
Signature of an authorized person

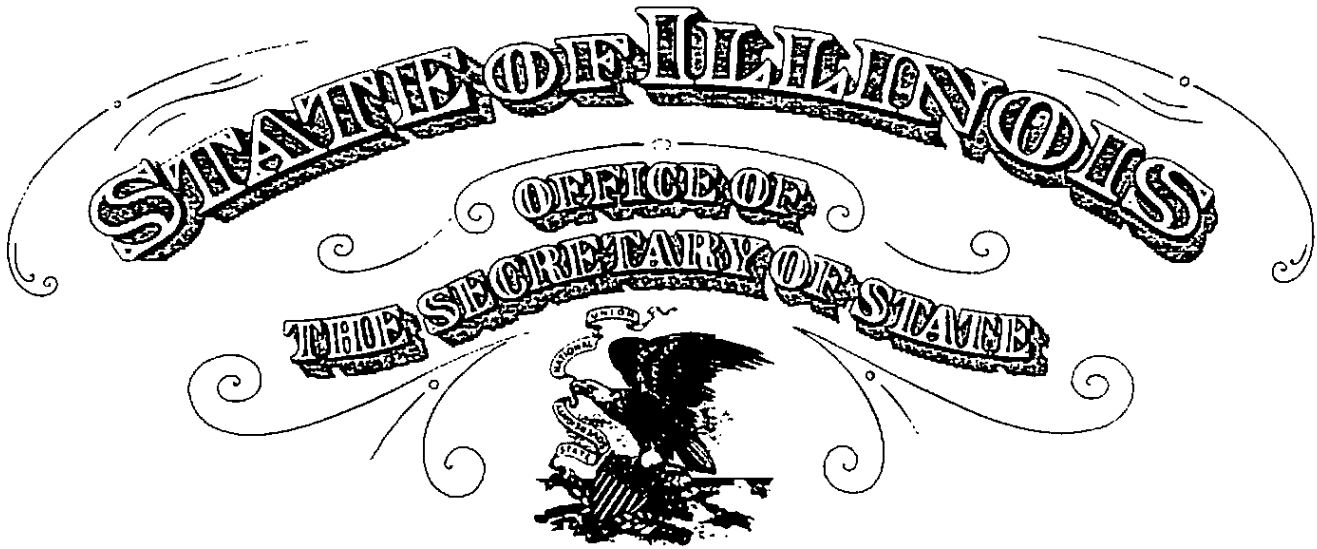
LOWELL S SCHOENFELD, SOLE MANAGER

\_\_\_\_\_  
Typed or printed name of signer



File Number

0438278-1



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***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 17TH day of OCTOBER A.D. 2024 .***

Authentication #: 2429102686 verifiable until 10/17/2025

Authenticate at: <https://www.ilsos.gov>

*Alexi Giannoulas*

SECRETARY OF STATE