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FOREIGN LIMITED LIABILITY COMPANY

Diversified Entities, LLC

| Certificate of Status 0 |          |
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| Certified Copy          | 0        |
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 602503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A POREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of foreign limited liability company) Illinois (Jurisdiction under the law of which foreign limited liability (FE) number, if applicable) company is organized) (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") Upon qualification
(Date first transacted business in Florida. (See sections 608.501, 608.502, and \$17.155, F.S.) 999 E. Touhy Avenue- Suite 200 Des Plaines, Illinois 60018 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: Sheldon J. Stillman, 999 E. Touhy Avenue- Suite 200, Des Plaines, Illinois 10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Warehousine and Transportation Signature of a member or an authorized representative of a member.

(In accordance with section 608,408(3), F.S., the execution of fuls document constitutes an affirmation under the penalties of perjuty that the facts stated herein are true,)

Typed or printed name of signee

Stillman

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE POLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The nam     | ne of the Limited Lizbil | lity Company is:  |                     |
|----------------|--------------------------|---|---------------------|
| DIVERSIFIE     | ED ENTITIES, LLC         |   |                     |
| 2. The nam     | e and the Florida stree  | et address of the registered agent and office are:  |                     |
|                |                          | · · · · •   |                     |
|                | CT Corporation Syst      |   | •                   |
|                |                          | (Name)  | •                   |
|                | e/o C T Corporation S    | System, 1200 South Pine Island Road   | 1 ,                 |
|                |                          | a street address (P.O. Box NOT ACCEPTABLE)  |                     |
|                |                          |   | AS S.               |
|                |                          | State China   |                     |
| •              | Plantation               | FL 33324  | L AH<br>L AH<br>FEB |
|                |                          | City/State/Zip  | ASS TA              |
|                |                          |   | 22-2                |
| Having been    | named as registered of   | gent and to accept service of process for the above stated limited  | Stered ST           |
| liability com  | pany at the place design | nated in this certificate, I hereby accept the appointment as regi  | stered 5 N          |
|                |                          | ity. I further agree to comply with the provisions of all statutes  |                     |
| relating to th | he proper and complete   | performance of my duties, and I am familiar with and accept the<br>ered agent as provided for in Chapter 608, F.S | e >                 |
| C T Corporat   | tion System              | •   |                     |
| _              | On Hor                   | James M. Halpin   |                     |
|                | (Signature)              | Assistant Socratary   |                     |
|                | •                        |   |                     |

FE654 - SGE/99-C T System Online

5 100.00 Filing Fee for Application 5 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)



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

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

DIVERSIFIED ENTITIES, LLC,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 04, 2003,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS 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
day of

A.D.

Desse White

SECRETARY OF STATE