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| (City (Chata 77 in (Dhanna 40) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | THE SECTION OF THE SE | | | | |
|--|--|--|--|--|--|
| SUBJECT: Harris Properties, LLC | | | | | |
| (Name of Limited Liability Company) | | | | | |
| | bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited atter to the following: | | | | |
| (Name of Person) | | | | | |
| (1vai | ile of Fersony | | | | |
| (E: | Tr/Company) | | | | |
| (Fin | m/Company) | | | | |
| | | | | | |
| | Address) | | | | |
| | Address) | | | | |
| | | | | | |
| | WOOD, IL 60712 | | | | |
| (City/State and Zip Code) | | | | | |
| For f rther information concerning this matter, plea | ase call: | | | | |
| • | | | | | |
| Ralph L. Evans, Esquire | at (| | | | |
| (Name of Person) | (Area Code & Daytime Telephone Number) | | | | |
| · | | | | | |
| STREET ADDRESS: | MAILING ADDRESS: | | | | |
| Registration Section | Registration Section | | | | |
| Division of Corporations | Division of Corporations P.O. Box 6327 | | | | |
| 409 E. Gaines Street | Tallahassee, Florida 32314 | | | | |
| Tallahassee, Florida 32399 | Talialiassee, Florida 32319 | | | | |
| Enclosed is a check for the following amount: | | | | | |
| ☐ \$125.00 Filing Fee | ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Status Certified Copy of Status & Certified Copy | | | | |

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1. | Harris Properties, LLC | | | | |
|-------------|---|--|--|--|--|
| | (Name of Foreign Limited Liability Company) | | | | |
| 2. | STATE OF TUI JOIS (Jurisdiction under the law of which foreign limited liability company is organized) 3. 36-3308618 (FEI number, if applicable) | | | | |
| 4. | 12/20/1999 (Date of Organization) 5. 12/19/2050 (Duration: Year !imited liability company will cease to | | | | |
| _ | exist or "perpetual") | | | | |
| υ. | (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) | | | | |
| 7. | \$635 NO. LQ204 | | | | |
| | (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: | | | | |
| | LEON J. HARRIS | | | | |
| | 6635 NO. LEROY | | | | |
| | LINCOLNWOOD, IL 60712 | | | | |
| the trar | Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a islation of the certificate under eath of the translator must be submitted.) Nature of business or purposes to be conducted or promoted in Florida: | | | | |
| | RENTAL + INVESTMENT | | | | |
| | × Léafthanns | | | | |
| | Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | | | | |
| | Leon J. Harris | | | | |
| | Typed or printed name of signee | | | | |

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 FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| The name of Harris Properties | TO STATE OF THE POST OF THE PO | | |
|--|--|--------------------------------|----------|
| 2. The name an | d the Florida street address of the reg | gistered agent and office are: | SEE FILE |
| (Name) 3355 Ocean Drive Florida Street Address (P.O. Box NOT ACCEPTABLE) | | - OAD 75 | |
| | | _ | |
| | | FL 32963 State/Zip | _ |

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ \$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number

0035476-7



To all to whom these Presents Shall Come, Greeting:

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

HARRIS PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 20, 1999, 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