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#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Glades Motel, LLC			
(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:			
Gregory L. Urbancic			
(Name of Person)			
Goodlette, Coleman & Johnson, P.A.			
(Firm/Company)			
4001 Tamiami Trail N., Suite 300			
(Address)			
Naples, Florida 34103			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Daniel McKayat ( 630 ) 990-2000			
(Name of Person) (Area Code & Daytime Telephone Number)			
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			
Enclosed is a check for the following amount:  \$\Bigsiz \frac{1}{2} \frac{1}{2			
Please use encloses			
return FedEx envelop to send documents			
to send documents			

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO 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. Glades Motel, LLC (Name of Foreign Limit	ted Lightlity Company)	
, , , , ,	ted Claomity Company)	
2. Illinois	3. not applicable	
(Jurisdiction under the law of which foreign limited liabili company is organized)	ity (FEI number, if applica	ble)
4. January 9, 2006	5 perpetual	
(Date of Organization)	(Duration: Year limited liability com	nany will cease to
(= 0) 0-5	exist or "perpetual")	p <b></b>
6. Upon filing		₹ <i>∨</i> 0
(Date first transacted business in	n Florida, if prior to registration.)	F 5 2
·	F.S. to determine penalty liability)	
7. 1000 Jorie Blvd., Suite 44		<u> </u>
Oak Brook Illinois 60522		
Oak Brook, Illinois 60523	ress of Principal Office)	5 <u>%</u>
(Street Fact	or rimorpul office)	: 33 A LE ORID
8. If limited liability company is a manager-manage	ged company, check here 🔽	DA C
0.77	•	0.11
9. The name and usual business addresses of the n	nanaging members or managers are as	follows:
Daniel McKay, Manager		
1000 Jorie Blvd., Suite 44		·
Oak Brook, IL 60523		
10. Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A photo translation of the certificate under oath of the translator must be s	copy is not acceptable. If the certificate is in a fo	
11. Nature of business or purposes to be conducted	d or promoted in Florida: Any and a	ıll lawful
business		
O-0196	y	· · · · · · · · · · · · · · · · · · ·
(In accordance with section 608.408(3	authorized representative of a member 3), F.S., the execution of this document constitutes perjury that the facts stated herein are true.)	_ :r.
Daniel McKay		
	nted 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.

1. The name of the Limited Liability Company is:
Glades Motel, LLC
2. The name and the Florida street address of the registered agent and office are:
Gregory L. Urbancic, Esq.  (Name)
Goodlette, Coleman & Johnson, P.A., 4001 Tamiami Tr N #300 Florida Street Address (P.O. Box NOT ACCEPTABLE)
Naples, Florida 34103 FL City/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)

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\$ 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

0173017-7



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

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

GLADES MOTEL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 09, 2006, 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 10TH day of JANUARY A.D. 2006.

Desse White