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**EXAMINER** 

#### COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: Thies Management, L.L.C.		
	ted Liability Company)	
••	bility Company for Authorization to Transact Business in bmitted to register the above referenced foreign limited	
Please return all correspondence concerning this ma	atter to the following:	
Victor Reyes		
(Nar	ne of Person)	
Reyes Holdings, L.L.C.		
(Fin	m/Company)	
9500 W. Bryn Mawr Avenu	e, Suite 700	
(	(Address)	
Rosemont, Illinois 60018	2: 16 STATE FLORID	
(City/Sta	te and Zip Code)	
For further information concerning this matter, plea	ase call:	
Victor Reyes	at (_847) 227-6686	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount:  \$\Bigsim \frac{1}{25.00} \text{ Filing Fee} \Bigsim \frac{1}{20.00} \text{ Filing Fee & Certificate of } \text{ Certificate of }  Certificate of		

## 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:	
<sub>1</sub> Thies Management, L.L.C.	
(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 and attach a copy of the writ consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")	ten
<sub>2.</sub> Delaware <sub>3.</sub> 26-1973332	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
February 7, 2008 5. perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6 ASS 8	•
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	T.
7. 1200 South Pine Island Road, Plantation Road 33324	
mo P III	
(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:	
J. Christopher Reyes, 9500 W. Bryn Mawr Ave., #700, Rosemont, IL 60018	
M. Jude Reyes, 9500 W. Bryn Mawr Ave., #700, Rosemont, IL 60018	
David Reyes, 9500 W. Bryn Mawr Ave., #700, Rosemont, IL 60018	
Jimmy Reyes, 9500 W. Bryn Mawr Ave., #700, Rosemont, IL 60018	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records 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.)	in
11. Nature of business or purposes to be conducted or promoted in Florida: Distributor of	
alcoholic beverages.	
With fleger	
Signature of a member or an authorized representative of a member.  (In accordance with section 605.408(3), F.S., the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)	
Victor Reyes	

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.

1. The name of the Limited Liability Company is:	
Thies Management, L.L.C.	
If name unavailable, the alternate name to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	08 FEB
CT Corporation System	ASS
(Name)	
1200 South Pine Island Road	2: 1 STAI
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Plantation FL 33324 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.

Sarah B. Ayala

Assistant Secretary

(Signature)

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

## Delaware

PAGE 1

#### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THIES MANAGEMENT, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2008.

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SECRETARY OF STATE.

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Warriet Smith Windson Secretary of State

AUTHENTICATION: 6369000

DATE: 02-07-08

You may verify this certificate online at corp.delaware.gov/authver.shtml