(Requestor's Name)						
(Address)						
(Address)						
(Audiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
· · ·						
(Degument Number)						
(Document Number)						
Certified Copies Certificates of Status						

L. SELLERS
JUN 1 6 2009
EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

EVANS, LOEWENSTEIN, SHIMANOVSKY & MOSCARDINI, LTD.

ARTHUR H. EVANS DANIEL M. LOEWENSTEIN DAVID L. SHIMANOVSKY FRANK A. MOSCARDINI, JR.

NORMA I. FERNANDEZ ROBIN D. SHAPIRO DAVID BLOOM KATHLEEN O'KEEFE-RIVERA DOUGLAS RIVERA PATRICK D. JOHN MAE F. HUNG DAVID M. KOPPA SANDRA QUELLO DRUELLA PARKER J. CHRISTIAN MANALLI VICTORIA ALMIRON JEROME LUBELCHEK JEANNE MOULTHROP ANGELA R. FINK GLORIA KRISTOPEK TOMIKO L. BUCHANAN

DAVID BADILLO

130 S. JEFFERSON STREET, SUITE 500

CHICAGO, ILLINOIS 60661

FAX (312) 466-0819

TELEPHONE (312) 782-1850

707 SKOKIE BOULEVARD SUITE 600

NORTHBROOK, ILLINOIS 60062 FAX (312) 466-0819

TELEPHONE (847) 831-6667

June 8, 2009

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

RE: FNA Florida, LLC

Dear Sir or Madam:

Please find enclosed the following:

- Check in the amount of \$125.00 1.
- 2. Cover Letter

Metina Folower

- Application by Foreign LLC for Authorization to Transact Business in
- 4. Certificate of Good Standing (Illinois)

Please process request and forward the filed Application to our office.

Sincerely,

Melissa Flowers

Paralegal

Enclosures

COVER LETTER

TO:

	gistration Section vision of Corporations				
SUBJECT					
	Name of Limited Liability Company				
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o nd check are submitted to register the above referenced foreign limited liability company to transact business in Florida				
Please retur	n all correspondence concerning this matter to the following:				
	ARTHUR H. EVANS				
	Name of Person				
	EVANS, LOEWENSTEIN, SHIMANOVSKY & MOSCARDINI				
	Firm/Company				
130 S. JEFFERSON STREET, SUITE 500					
•	Address				
	CHICAGO, IL 60661				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)				
For further	nformation concerning this matter, please call:				
	ARTHUR H. EVANS at (312) 782-1850				
	Name of Person Area Code & Daytime Telephone Number				
	AILING ADDRESS: STREET ADDRESS: vision of Corporations Division of Corporations				
	gistration Section Registration Section				
	Box 6327 Clifton Building				
Tal	lahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301				
Enclosed	s a check for the following amount:				
V	\$125.00 Filing Fee \$\bigcup \$130.00 Filing Fee & \bigcup \$155.00 Filing Fee & \bigcup \$160.00 Filing Fee, Certificate of Status & Certified Copy of Status & Certified Copy				

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: FNA FLORIDA, 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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.") **ILLINOIS** (Jurisdiction under the law of which foreign limited liability company is organized) **PERPETUAL APRIL 4, 2008** (Duration: Year limited liability company will cease to (Date of Organization) 6. JULY 1, 2009 (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 100 N. LASALLE STREET, SUITE 2400, CHICAGO, IL 60602 (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: ASHER KOHN, 100 N. LASALLE STREET, SUITE 2400, CHICAGO, IL 60602 ELI DAVIS, 100 N. LASALLE STREET, SUITE 2400, CHICAGO, IL 60602 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: TAX PURCHASES 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.) ARTHUR H. EVANS

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 Compa	ny is:		
FNA F	LORIDA, LLC		
If unavailable, the alternate to be used in the	state of Florida is	s:	
2. The name and the Florida street address o	f the registered a	gent and office are:	
ARTI	HUR H. EVANS)	
	(Name)		
	MIRA VISTA LA		
Florida Street Addre	ess (P.O. Box <u>NOT</u>	ACCEPTABLE)	
DELRAY BEACH	FL	33446	
	City/State/Zip		
Having been named as registered agent and to liability company at the place designated in this agent and agree to act in this capacity. I further relating to the proper and complete performant obligations of my position as registered agent of (Signature)	is certificate, I her er agree to compl ce of my duties, a	reby accept the appointmy with the provisions of and I am familiar with an	ent as registered all statutes d accept the

\$ 25.00 Designation of Registered Agent

5.00 Certificate of Status (optional)

\$ 30.00 Certified Copy (optional)

File Number

0250038-8



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, 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

FNA FLORIDA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 04, 2008, 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 4TH day of JUNE A.D. 2009.

Desse White