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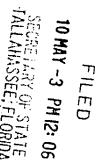
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|---|
| (Requestor's Name)                      |
| <u> </u>                                |
| (Address)                               |
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| (Address)                               |
| ,                                       |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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S. HAWKES

MAY 0 4 2010

EXAMINER

#### **COVER LETTER**

| TO: Registration Section Division of Corporations |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| SUBJECT: _  | NATIONAL CONDOMINIUM MANAGEMENT LLC  Name of Limited Liability Company   |  |  |  |  |  |  |
|   | Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of check are submitted to register the above referenced foreign limited liability company to transact business in Florida |  |  |  |  |  |  |
| Please return al                                  | l correspondence concerning this matter to the following:  |  |  |  |  |  |  |
|   | MICHAEL A. FISH  |  |  |  |  |  |  |
|   | Name of Person   |  |  |  |  |  |  |
|   | CF CAPITAL PARTNERS, INC.  |  |  |  |  |  |  |
|   | Firm/Company   |  |  |  |  |  |  |
|   | 3660 N. LAKE SHORE DRIVE, SUITE 200  |  |  |  |  |  |  |
|   | Address  |  |  |  |  |  |  |
|   | CHICAGO, IL 60613  |  |  |  |  |  |  |
|   | City/State and Zip Code  |  |  |  |  |  |  |
|   | MFISH@CFCPARTNERS.COM  |  |  |  |  |  |  |
|   | E-mail address: (to be used for future annual report notification)   |  |  |  |  |  |  |
| For further info                                  | rmation concerning this matter, please call:   |  |  |  |  |  |  |
|   | FRANCES CASTRO at ( 321 ) 250-3015   |  |  |  |  |  |  |
|   | Name of Person Area Code & Daytime Telephone Number  |  |  |  |  |  |  |
| Division Regist<br>P.O. B                         | ING ADDRESS: on of Corporations ration Section rox 6327 C assee, FL 32314  STREET ADDRESS: Division of Corporations egistration Section lifton Building 2661 Executive Center Circle lahassee, FL 32301                                    |  |  |  |  |  |  |
| Enclosed is a                                     | check for the following amount:  |  |  |  |  |  |  |
| \$12  | 5.00 Filing Fee \$\bigsup \\$130.00 Filing Fee & \bigsup \\$155.00 Filing Fee & \bigsup \\$160.00 Filing Fee, Certificate 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:

| 1. NATIONAL CONDOMINIUM MANAGEMEN  | IT LLC   |
|--|--|
| (Name of Foreign Limited Liability Company; must include "Limited Liability Compa  | iny," "L.L.C.," or "LLG")  |
| (If name unavailable, enter alternate name adopted for the purpose of transacting business in a consent of the managers or managing members adopting the alternate name. The alternate name Company," "L.L.C," "LLC.")   | Florida and attack a copy of the writtene must include Limited Liability |
| 2. ILLNOIS  (Jurisdiction under the law of which foreign limited liability company is organized)  3. (FEI number of the law of which foreign limited liability company is organized)   | 2295361<br>er, if applicable)  |
| MARCH 20, 2010   | RPETUAL liability company will cease to                                  |
| 6. N/A  (Date first transacted business in Florida, if prior to registration.)   |  |
| (See sections 608.501 & 608.502 F.S. to determine penalty liability 7. 3660 N. LAKE SHORE DRIVE, SUITE 200   | y)<br>   |
| CHICAGO, IL 60613 (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 managing   | gers are as follows:   |
| MICHAEL FISH- 3660 N. LAKE SHORE DRIVE, SUITE 200 CHICA  | AGO, IL 60613  |
| JOHN CADDEN- 3660 N. LAKE SHORE DRIVE, SUITE 200, CHIC   | AGO, IL 60613  |
|  | · .  |
| 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate under oath of the translator must be submitted.) |  |
| 11. Nature of business or purposes to be conducted or promoted in Florida: _   | Property management  |
| Mulitalia  |  |
| Signature of a member or an authorized representative of a member or an authorized representative of (In accordance with section 608.408(3), F.S., the execution of this docume an affirmation under the penalties of perjury that the facts stated herein an      | ent constitutes  |
| MICHAEL A. FISH  |  |
| Typed or printed name of signee  |  |

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

 $\vec{k}$ 

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: |
|---|----------|--------|---------|-----------|---------|-----|
|---|----------|--------|---------|-----------|---------|-----|

#### NATIONAL CONDOMINIUM MANAGEMENT LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

#### MICHAEL A. FISH

(Name)

#### 15665 GRANDE PALISADES BLVD. SUITE 1105

Florida Street Address (P.O. Box NOT ACCEPTABLE)

#### WINTER GARDEN / FL / 34787

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 negistered 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)



To all to whom these Presents Shall Come, Greeting:

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

NATIONAL CONDOMINIUM MANAGEMENT LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 29, 2010, 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.



Authentication #: 1011801764

Authenticate at: http://www.cyberdriveillinois.com

### In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 28TH

day of

**APRIL** 

A.D.

2010

Desse White

SECRETARY OF STATE