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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	
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**EXAMINER** 



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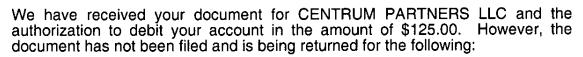
#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2011

STEPHANIE MILNES CSC TALLAHASSEE, FL

SUBJECT: CENTRUM PARTNERS LLC

Ref. Number: W11000057363



In Item 9, we ask that you please list the NAMES and ADDRESSES of the company's MANAGERS or MANAGING MEMBERS.

It currently appears that the name of the company itself -- CENTRUM PARTNERS LLC -- is listed in Item 9.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 911A00025609



ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT ORDER DATE: November 9, 2011 ORDER TIME : 8:51 AM ORDER NO. : 975516-005 CUSTOMER NO: 7157078 FOREIGN FILINGS NAME: CENTRUM PARTNERS LLC XXXX QUALIFICATION (TYPE: LL) PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER:

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

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. Centrum Partners LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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," "L.L.C,"
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "L.L.C,"  2
4. 01-01-2009 (Date of Organization)  5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")
6. B//5// (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7. 225 W. Hubbard, F14
Chicago, Il 60654 (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:
Arthur Slaven 225 W. Hubbard, 4th A. Chicago IL 60-54
John McLinder 205 W. Hubbard, 4th fl, Chicago, Il 60054
Sol Backet 205 is Hubbard, 4th fl. Chicago, 52 60054
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 eath of the translator must be submitted.)
11. Nature of business or purposes to be conducted or promoted in Florida: DEVELORMENT
ACQUISITIONS, LEARING OF COMMERCIAL PROPERTY
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)
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 Liab	ility Company is:	
Centrum Partne	ers LLC	· .
If unavailable, the alternate to be	used in the state of Florida is:	
2. The name and the Florida street	et address of the registered agent and office are:	
Corporation Serv	rice Company	
	(Name)	
1201 Hays Street	·	
Florid	la Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahussee	FL 32301 City/State/Zip	
liability company at the place design agent and agree to act in this capa relating to the proper and complete	agent and to accept service of process for the above stated lime gnated in this certificate, I hereby accept the appointment as recity. I further agree to comply with the provisions of all statustic eperformance of my duties, and I am familiar with and accept tered agent as provided for in Chapter 608, Florida Statutes. See Company	egistered tes
<u>By:</u>	Stophanie Mulnee Stephanie K. Milnes  Assistant Vice President	
	\$ 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

0273727-2



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

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

CENTRUM PARTNERS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 01, 2009, 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

day of

**NOVEMBER** 

A.D.

2011

Authentication #: 1131302838 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE