

M12000002398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

M12000019685

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 01 2012
EXAMINER

JACQUELYN M. SHANNON, P.A.

Attorney at Law

9160 Oakhurst Road, Suite 3
Seminole, FL 33776-2157

Telephone: (727) 596-7100
Fax: (727) 596-7474

April 26, 2012

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Congaree River LLC
Ref. Number W12000019685

Dear Sir or Madam:

Enclosed please find the following *original* document:

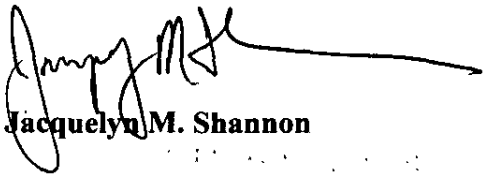
****Application by Foreign Limited Liability Company for Authorization to
Transact Business in Florida**

Also enclosed is a copy of your letter dated April 9, 2012 concerning the initial submission of this application.

Please file the enclosed document at your earliest convenience and return all correspondence concerning this matter to the business address listed in the Application for the managing members.

Should you have any questions concerning the enclosures, please don't hesitate to contact us.

Very truly yours,



Jacquelyn M. Shannon

JMS:bse/Enc.

cc: C. Rosati, w/enc.

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2012

THOMAS B. DORRIS
53 WEST JACKSON BLVD, SUITE 530
CHICAGO, IL 6064

SUBJECT: CONGAREE RIVER LLC
Ref. Number: W12000019685

We have received your document for CONGAREE RIVER LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 412A00011309

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Congaree River 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:

Thomas B. Dorris
Name of Person

Congaree River LLC
Firm/Company

53 West Jackson Blvd., Suite 530
Address

Chicago, IL 60604
City/State and Zip Code

connie@congarree.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas B. Dorris at (312) 922-3792 ext 181
Name of Person Area Code & Daytime Telephone Number

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

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. Congaree River 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.")

2. State of Illinois 3. 36-3197235
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. November 10, 2010 5. perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 53 West Jackson Blvd., Suite 530
Chicago, IL 60604
(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:

Francis Beidler III, 53 West Jackson Blvd., Ste. 530, Chicago, IL 60604

Elizabeth B. Tisdahl, 53 West Jackson Blvd., Ste. 530, Chicago, IL 60604

Elinor B. Siklossy, 53 West Jackson Blvd., Suite 530, Chicago, IL 60604

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: _____

Thomas B. Dorris
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.)

THOMAS B. DORRIS Dir. of Foreign & Admin. Affairs
Typed or printed name of signee *Authorized Representative*

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TALLAHASSEE, FLORIDA

**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:

Conparee River, 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:

John R. Connell

(Name)

6251 - 44th Street North, Suite #1

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

Pinellas Park

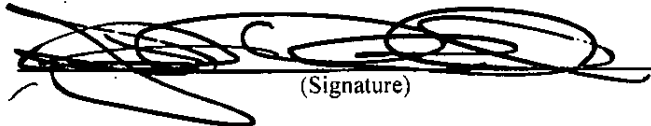
FL

33781

City/State/Zip

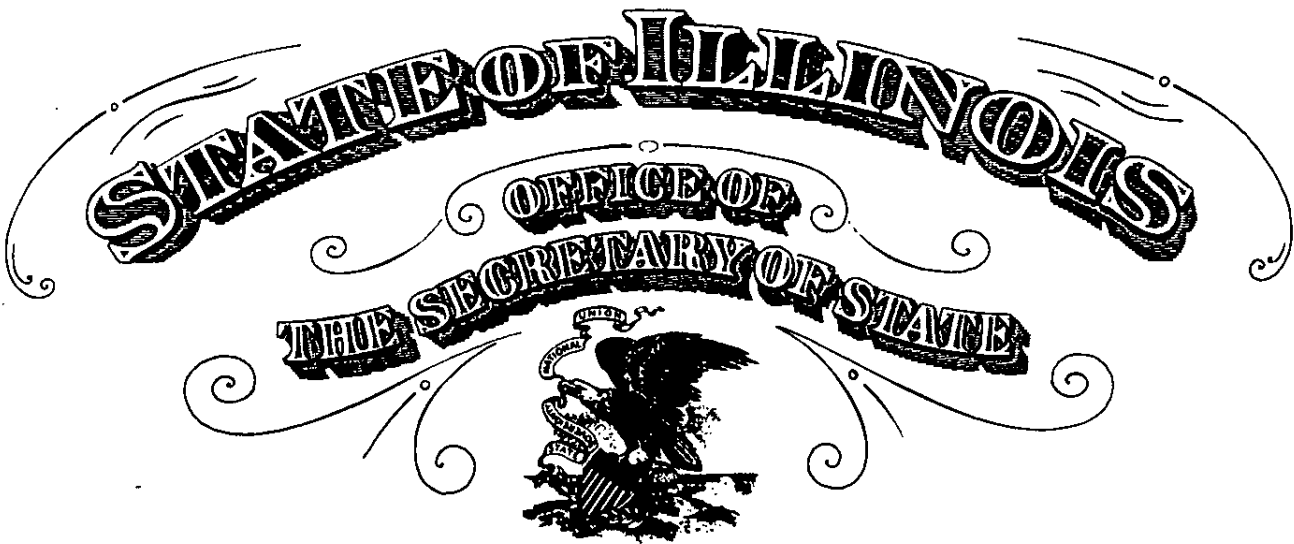
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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)

\$ 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 0335121-1



To all to whom these Presents Shall Come, Greeting:

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

CONGAREE RIVER LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 10, 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.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 23TH day of MARCH A.D. 2012 .

Jesse White

Authentication #: 1208302070

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

SECRETARY OF STATE