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(F	Requestor's Name)	
(F	Address)	
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(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(F	Business Entity Nam	ne)
	Document Number)	·
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Certified Copies	Certificates	of Status
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FEB 2 1 2013 T. HAMPTON CR2E027 (9/10)

COVER LETTER

TO:

Registration Section Division of Corporations

Eskenazi & Farrell Associates, 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:

correspondence concerning and matter to the following.
Walter W. Farrell
Name of Person
Eskenazi & Farrell Associates, LLC
Firm/Company
330 South Wells Street, Suite 300
Address
Chicago, Illinois 60606
City/State and Zip Code
wfarrell@efa173.com
E-mail address: (to be used for future annual report notification)
mation concerning this matter, please call:
U M. E U

For further info

Walter W. Farrell	at (312) 663-3000
Name of Person	Area Code & Daytime Telephone Number

STREET ADDRESS: Division of Corporations Registration Section

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

MAILING ADDRESS:

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$160.00 Filing Fee, Certificate **■** \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & of Status & Certified Copy Certificate of Status Certified Copy

ESKENAZI & FARRELL ASSOCIATES, LLC

Engineers 330 South Wells Street Chicago, Illinois 60606

TRANSMITTAL

(312) 663-3000 FAX (312) 663-3002

COMPANY	Florida Department of State	DATE February 7, 2013
ADDRESS	P.O. Box 6327	
	Tallahassee, FL 32314	VIA:
ATTENTION	Division of Corporations, Begistration Section	U.S. Priority Mail Overnight Delivery Local Delivery
PROJECT	Eskenazi & Farrell Associates, LLC	Fax
SUBJECT	Application by Foreign Limited Liability Company	TRANSMITTED:
COPIES	DESCRIPTION	Attached Separate Cover
1	Cover Letter	
1	Application by Foreign Limited Liability Company for Authorization	MATERIALS
	To Transact Business In Florida	Originals Reproducibles Frints
1	Illinois Certificate of Good Standing	Prints Shop Drawings
1	\$125.00 Filing Fee – Check No. 2658	Specifications Sketches Calculations
		For your review For your Approval For your use/file As Requested Reviewed Recommended
COMMENTS		
		COPIES TO
If enclosures	are not as noted, kindly notify us at once.	



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

13 FEB 21 PH 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 30, 2013

WALTER W FARRELL ESKENAZI & FARRELL ASSOCIATES LLC 330 S WELLS ST - STE 300 CHICAGO, IL 60606

SUBJECT: ESKENAZI, FARRELL & FODOR, P.C.

Ref. Number: F99000005329

We have received your document for ESKENAZI, FARRELL & FODOR, P.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name of the converting Florida profit corporation.

Please return the corrected original and one copy of 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.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 213A00002305

They called 2/5/13 Will be withdrawing the Foreign corp & their qualify the Foreign LLC.

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. Eskenazi & Farrell Associates, LLC (Name of Foreign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purp consent of the managers or managing members adopting the alt	oose of transacting business in Florida and attach a copy of the written ternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")	
2. Illinois	3. 90-0877453
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4. August 7, 2012	5. Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. No business transacted prior to reg	
(Date first transacted business in F (See sections 608.501 & 608.502 F.	Florida, if prior to registration.) S. to determine penalty liability)
7. 330 South Wells Street, Suite 300	3
Chicago, Illinois 60606	E 1956
	ss of Principal Office)
8. If limited liability company is a manager-manage	d company, check here
9. The name and usual business addresses of the ma	inaging members or managers are as follows: 2
Walter W. Farrell	
330 South Wells Street, Suite 300	
Chicago, Illinois 60606	
	90 days old, duly authenticated by the official having custody of records in copy is not acceptable. If the certificate is in a foreign language, a ubmitted.)
11. Nature of business or purposes to be conducted	or promoted in Florida:
Professional Engineering	
Wulth	W ZMM
	authorized representative of a member.
	authorized representative of a member. secution of this document constitutes an affirmation under the

Typed or printed name of signee

Walter W. Farrell

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.)

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	f the Limited Lial	bility Company is:	
Eskenazi & Farrel	ll Associates, LLC		
If unavailable, t	the alternate to be	e used in the state of Florida is:	
2. The name ar	nd the Florida stre	eet address of the registered agent and office are:	
		C T Corporation System	
		(Name)	
		1200 South Pine Island Road	
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.

By: James M. Halpin

(Standard) Assistant Secretary

\$ 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

0404398-7



To all to whom these Presents Shall Come, Greeting:

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

ESKENAZI & FARRELL ASSOCIATES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 07, 2012, 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 #: 1300701824

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 7TH

day of JANUARY

A.D.

2013

Desse White

SECRETARY OF STATE