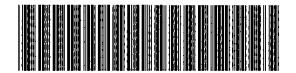
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(Requestor's Name)					
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PICK-UP . WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					

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COVER LETTER

TO:

Registration Section **Division of Corporations**

EFN Flagler Property, 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:

Carole Laude Pechi	
Name of Person	
Ed Napleton Dealership Group	
Firm/Company	
1 E. Oak Hill Dr., Suite 100	70.
Address	2013 OCT SECRE
Westmont, IL 60559	107 22 計器
City/State and Zip Code	
carole@napleton.com	10 A
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Carole Laude Pechi

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

■ \$130.00 Filing Fee & Certificate of Status

Certified Copy

□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate 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:

	WITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: EFN Flagler Property, 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 wr	itten
COI	name unavailable, effect archiate name adopted for the purpose of dailsacting business in Florida and attach a copy of the war, assent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Impany," "L.L.C," "LLC.")	
2	Illinois (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)	
,	(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
4.	October 14, 2013 _{5.} perpetual	
	(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
6.	(Data first transagted business in Florida, if naior to registration)	
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7.	1 E. Oak Hill Dr., Suite 100, Westmont, IL 60559	
	OCT	estable 1
	(Street Address of Principal Office)	E.
8.	If limited liability company is a manager-managed company, check here	Samuel Samuel
9.	The name and usual business addresses of the managing members or managers are as follows:	
	Edward F. Napleton, 1 E. Oak Hill Dr., Suite 100, Westmont, IL 60559	
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of reconjurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a restation of the certificate under oath of the translator must be submitted.)	ords in
11	. Nature of business or purposes to be conducted or promoted in Florida: any and all lawful business	
	permitted by the State of Florida	
	- 18 12 its attorner	
	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.)	

Carole Laude Pechi, its attorney

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 Li EFN Flagler	•	• •	
If unavailable, the alte	rnate to be used in t	he state of Florida is:	
2. The name and the I	lorida street addres:	s of the registered agent and office are:	7 2
Ale	x Kurkin		2013 OCT 22 SECRETARY TALLAHASS
		(Name)	- ARTA
188	351 NE 29 A	Ave, Ste 303,	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Florida Street A	ddress (P.O. Box NOT ACCEPTABLE)	- EF-10
Ave	ntura,	_{FL} 33180	: 33 FATE ORNOA
		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.

(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

0457247-5



To all to whom these Presents Shall Come, Greeting:

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

EFN FLAGLER PROPERTY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 14, 2013, 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 #: 1328802428
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 15TH

day of OCTOBER

A.D.

2013

SECRETARY OF STATE