# M1400000672

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#### **COVER LETTER**

TO: Registration Section Division of Corporation	ns	
SUBJECT: RMS Pro	perties IX, L.L.C.	
SOBOLCI.	Name of Limited Liability Company	
	reign Limited Liability Company for Authorization to Transact Business in ed to register the above referenced foreign limited liability company to trans	
Please return all correspondence of	concerning this matter to the following:	
Drake [	D. Mertes, Esq.	
	Name of Person	
Dowd, I	Dowd & Mertes, Ltd.	
<del></del>	Firm/Company	
701 Le	e Street #790	
	Address	20
Des Pla	aines, II 60016	Company 1
	City/State and Zip Code	29
drakem	ertes@sbcglobal.net	
<del></del>	E-mail address: (to be used for future annual report notification)	
For further information concerning	g this matter, please call:	52
Mary Kruse	e at 847 827-2181	
Name o	of Contact Person Area Code Daytime Telephone N	umber
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		
Enclosed is a check for the f  □ \$125.00 Filing Fee	■ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing	ng Fee, Certificate Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(If name unavailable, enter alternate name adopted for the purpose Liability Company," "L.L.C," or "LLC.")	e of transacting business in Florida. The alternate name must include "Limited	į
<sub>2.</sub> Illinois	<sub>3.</sub> 27-3015059	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. N/A		
(Date first transacted busine	ess in Florida, if prior to registration.) .0905, F.S. to determine penalty liability)	
<sub>5.</sub> 1491 W. Schaumburg Road		
Schaumburg, Il 60194		
	autous of Filmorphi Office)	* 1
<sub>6.</sub> 1491 W. Schaumburg Road	20	ener E
Schaumburg, II 60194		} i :
	Mailing Address)	
	person(s) who has/have authority to manage is/are:	
RMS Properties, Inc. d/b/a RMS	Properties of Illinois, Inc.	
Attn: Roshan Shoffet, President	t	
<del></del>		
having custody of records in the jurisdiction unde acceptable. If the certificate is in a foreign langua must be submitted)  Signature (In accordance with section 605.0203, F.S., the execution of this documen am aware that any false information submitted in a document to the Department of the Depart	no more than 90 days old, duly authenticated by the official or the law of which it is organized. (A photocopy is not age, a translation of the certificate under oath of the translation of an authorized person at constitutes an affirmation under the penalties of perjury that the facts stated herein are artiment of State constitutes a third degree felony as provided for in s.817.155, F.S.)	or
Roshan Shoffet		

Typed or printed name of signee

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

ate to be used in the state of Florida is:	
	2
orida street address of the registered agent and office are:	
han Shoffet	
(Name)	
3 NE 28th Court	7.7
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
ouse Point, Ft 33064	
City/State/Zip	<del></del>
	3 NE 28th Court  Florida Street Address (P.O. Box NOT ACCEPTABLE)  ouse Point, Fl 33064  FL

\$ 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

0297695-1



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

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

RMS PROPERTIES IX, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 07, 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 #: 1402801270

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

**JANUARY** 

A.D.

2014

SECRETARY OF STATE