

(Requestor's Name)		
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(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
Special instructions to Fining Officer.		

Office Use Only



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B. BOSTICK FEB **2 6** 2014

**EXAMINER** 



UN SERVICE COMPANY
ACCOUNT NO. : 12000000195
REFERENCE : 026456 7226699
COST LIMIT S 125 00
COST LIMIT : \$ 125.00
ORDER DATE: February 25, 2014
ORDER TIME : 12:17 PM
ORDER NO. : 026456-005
CUSTOMER NO: 7226699
FOREIGN FILINGS  NAME: DAYBREAK PROPERTIES, 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: Susie Knight EXT# 52956

EXAMINER:

## **COVER LETTER**

	operties, LLC  Name of Limited Liability Company	
	, , ,	
	ited Liability Company for Authorization to Transact Business in Florida ter the above referenced foreign limited liability company to transact bus	
Please return all correspondence concerning	g this matter to the following:	
Barry M. Ro	senbloom	
	Name of Person	•
Barry M. Ro	senbloom, Ltd.	
	Firm/Company	-
1411 McHei	nry Road, Suite 125	
	Address	-
Buffalo Grov	ve, IL 60089	
	City/State and Zip Code t	
barry@barry	/Rlaw.com	
	( - 2 2	
E-mail	address: (to be used for future annual report notification)	THE COLUMN TWO
E-mail or further information concerning this matter	Ann Janes alle	
	Ann Janes alle	
or further information concerning this matt	Ann Janes alle	
Patty Weber  Name of Contact F	ter, please call:  Area Code  STREET ADDRESS:  1 845-1481  Daytime Telephone Number:	
Patty Weber  Name of Contact F  Division of Corporations	ter, please call:  at (847) Area Code   845-1481    STREET ADDRESS: Division of Corporations	
Patty Weber  Name of Contact F  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	ter, please call:  at 847 Area Code  Person  STREET ADDRESS: Division of Corporations Registration Section Clifton Building	
Patty Weber  Name of Contact F  Division of Corporations Registration Section	ter, please call:  at 847 Area Code Daytime Telephone Number  STREET ADDRESS: Division of Corporations Registration Section	
Patty Weber  Name of Contact F  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Person Area Code B45-1481  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Patty Weber  Name of Contact F  MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314  Enclosed is a check for the following	Person Area Code B45-1481  STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	1

## 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:

Daybreak Properties, LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	<del></del>
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include Liability Company," "L.L.C." or "LLC.")	"Limited
<sub>2.</sub> Illinois <sub>3.</sub> 46-4396283	
(Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized)	
<sub>4.</sub> March 1, 2014	
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)  5. 16613 84th Street, Bristol, Wisconsin 53104	
(Street Address of Principal Office)	
6. 16613 84th Street, Bristol, Wisconsin 53104	erre.
	* - 7#1 6P*
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:	, 3ET
Dawn Krupa Member	
16613 84th Street	
Bristol, Wisconsin 53104	
8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is neacceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the certificate under oath of the translation of the certificate under oath of the translation of the certificate under oath of the certificate under oath of the certificate under oath oath oath oath oath oath oath oath	ot
Dan Cupa	
Signature of an authorized person (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated arm 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	
Dawn Krupa	

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.

	f the Limited Liability Company is:  k Properties, LLC		
If unavailable,	the alternate to be used in the state of Florida is:		
2. The name a	nd the Florida street address of the registered agent and office are:	2014	
	Dianne L. Voights	वि सु	r
	(Name)		7
	4509 Northampton Drive		, ,
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	— 첫 뜻 표	
	New Port Richey 34653	.2. II	
	City/State/Zip	<del></del>	

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 605, Florida Statutes.

Danne L Voights
(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

0461069-5



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

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

DAYBREAK PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 05, 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 #: 1405502470

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 24TH

day of FEBRUARY

A.D.

2014

Jesse White

SECRETARY OF STATE