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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Foreign Limited Liability Company PMG 56, LLC FL Series

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E Buschall 24 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PMG 56, LLC, FL Series
Name of Limited Liability Company

The enclosed "Application by Poreign Limited Liability Company for Authorization to Transact Business in Florida," Cartificate of Bxistonee, 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:

| · · · · · · · · · · · · · · · · · · · |
|---|
| Michael J. Korst |
| Name of Person |
| Michael J. Korst, P.C. |
| Firm/Company |
| 2720 Caton Farm Road |
| Asidross |
| Joliet, IL 60435 |
| City/State and Zip Code |
| mkorst@korstlaw.com |
| E-mail address: (to be used for future annual report notification) |
| for further information concerning this matter, please call: |
| Michael Korst815609.8080 |
| Name of Contact Person . Area Code Daytime Telephone Number |
| MAILING ADDRESS: STREET ADDRESS: Division of Corporations Division of Corporations Registration Section P.O. Box 6327 STREET ADDRESS: Division of Corporations Registration Section Registration Section |

Tallahassee, FL 32301

Baclosed is a check for the following amount:

Tallahasacc, FL 32314

□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status

S155,00 Filing Fee & Certified Copy

2661 Executive Center Circle

☐ \$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 SECTO | ON 605.0902, FLORIDA | STATUTES, THE I | OLLOWING IS SUI | MITTED TO RE | GESTER A |
|---|---|--|------------------------------|---|-----------------------|
| FOREIGN LIMITED LIABILITY O | rles | | | <u> </u> | 14 |
| (Name of Poreign Limited | Liability Company; must in | cluds "Limited Liabili | y Company," "L.L.C.," | arritery S | |
| (If name unavailable, enter alternate nan Liability Company," "L.L.C," or 'LLC. | ne adopted for the purpose of | transpoting business i | n Floride. The elternate : | namo must \$60000 " | स्यक्तिः 🕆 |
| _{2.} Illinois | | _{3.} 46-475 | 807 | E.G | P |
| (Jurisdiction under the law of which is company is organized) | oreign limited liability | | (PEI aumber, if appli | 윤 | |
| 4 | ute first transacted business i cotions 605.0904 & 605.090 | n Florida, it prior to re | gistration.) | <u> </u> | _ <u>_</u> cn |
| 1590 S. Milwauk | | | | 60448 | _ |
| _{5.} 1590 S. Milwauk | ee Ave., Sulte | | ertyville, IL (| 60448 | - |
| | (Mail | ing Address) | | | _ |
| 7. The name, title or capacity John G. Griparis, Jr., Mgr, 1 | - | | • | _ | |
| Jeffrey F. Berns, Mgr, 1 | ······································ | | | | |
| Attached is an original certificating custody of records in the coeptable. If the certificate is instituted to submitted. | e jurisdiction under the | e law of which it | is organized. (A p | hotocopy is not | L |
| | Muhael Illo | W | | _ | |
| n accombance with section 605.0201, F.S., the | execution of this document con- | in authorized pers stimics on offirmation un t of Sinto constitutes o th | der the penalties of periors | that the facts stated has d for in a.B17.155, F.S. | rein are true. I } |
| Mich | ael J. Korst | | | | |
| - | Typed or printed | d 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.

1. The name of the Limited Liability Company is:

| PMG 56, LLC, FL Series | | | | |
|--|--------------|---------------|-----------|-----------|
| If unavailable, the alternate to be used in the state of Florida is: | The state of | Ass | | |
| 2. The name and the Florida street address of the registered agent and office are: | | SECRETA | 14 JUL 23 | entir |
| NRAI Services, Inc. | ·. - | ARY OF | 23 PM | |
| 1200USouth Pine Island Road | | | # # | |
| Florida Street Address (P.O. Box NOT ACCEPTABLE) | _ | TATE ORIDA | တ် | |
| Plantation PL 33324 | _ | | | |
| Clty/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 605, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

assa sec.

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

File Number

0330921-5



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

PMG 56, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 28, 2010, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF PMG 56, LLC, FL SERIES ON JANUARY 30, 2014, 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 #: 1420302384
Authenticate #: http://www.cyberdrive@inote.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 22ND

day of

JULY

A.D.

2014

Jesse White

SECRETARY OF STATE