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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
W14-55531			

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 11, 2014

CHRISTOPHER HOLLINGSWORTH 10550 GREENSPRINGS DRIVE TAMPA, FL 33626

SUBJECT: GREAT LAKES INVESTMENTS, LLC

Ref. Number: W14000055531

We have received your document for GREAT LAKES INVESTMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form...

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The alternate name that you have chosen is not available. Please select a new name.

Please return 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.

Barbara Bostick Regulatory Specialist II

Letter Number: 914A00019476

COVER LETTER

TO:	Registration Section
	Division of Corporations

SURJECT. Great Lakes Investments, 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:

Christopher Hollingsworth	
Name of Person	· · · · · · · · · · · · · · · · · · ·
Memorial Airport Parking	22
Firm/Company	SE SE
10550 Greensprings Drive	50 N
Address	
Tampa, FL 33626	で で で で で で で で で で で で で で
City/State and Zip Code	te 1

thriftychicago@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Hollingsworth
Name of Contact Person

Name of Contact 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 & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

☐ \$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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Great Lakes Investments, LLC		
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.,"		
Great Lekes Parking, L	.LC	_
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate Liability Company," "L.L.C," or "LLC.")	name must include "l	Limited
_{2.} Alabama _{3.}		
(Jurisdiction under the law of which foreign limited liability (FEI number, if appli company is organized)	cable)	_
₄ N/A		
(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)		_
5. 6012 W Chelsea Street	431	2014
Tampa, FL 33634	3.4 (*)	SEP
(Street Address of Principal Office)		S S
6. 10550 Greensprings Dr	(TT) =	o Mi
Tampa, FL 33626	一 一	<u>5</u>
(Mailing Address)	25.7	-
7. The name, title or capacity and address of the person(s) who has/have authority to n	nanage is/are:	
Christopher Hollingsworth - Partner - 10550 Greensprings Drive Tampa, FL 33	626	
David Adams - Partner - 5600 Airline Drive Birmingham, AL 35212		
		<u> </u>
8. Attached is an original certificate of existence, no more than 90 days old, duly author having custody of records in the jurisdiction under the law of which it is organized. (A	•	
acceptable. If the certificate is in a foreign language, a translation of the certificate under		
must be submitted)		
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 perjur am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as providents.		

Christopher Hollingsworth

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.

1. The name of the Limited Liability Company is:

Great Lakes Investments, LLC

If unavailable, the alternate to be used in		Polking, LLC
2. The name and the Florida street addr	ress of the registered agent and office are:	2014 S
Christopher Hollingsworth		N P
	(Name)	- \$2 5 5
10550 Greer	nsprings DRive	
Florida Street Address (P.O. Box NOT ACCEPTABLE)		- (a) 21
Tampa	33626 FL 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 605, Florida Statutes.

\$ 100.00

Filing Fee for Application

\$ 25.00 **Designation of Registered Agent**

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional) 5.00

Jim Bennett Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Great Lakes Investments, LLC was formed in Montgomery County, Alabama on August 30, 2012. The Alabama Entity Identification number for this entity is 044-602. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20140904000009552

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

9/4/2014

Date

di sun

Jim Bennett

Secretary of State