

# Florida Department of State

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## Foreign Limited Liability Company 5120 Great Oak LLC

Certificate of Status	0
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### COVER LETTER

_	istration Section sion of Corporations		
SUBJECT:	5120 GREAT OAK LLC		
	Name	of Limited Liability Company	
			n to Transact Business in Florida," Certificate of liability company to transact business in Florida
Picase return	all correspondence concerning this ma	tter to the following:	
	Susan North		
		Name of Person	
	Brennan Investment Group		
		Firm/Company	
	9450 W. Bryn Mawr, Suite 750	Address	
	Rosemont, Illinois 60018		
		City/State and Zip Code	
	snorth@brennanile.com		
	E-mail address:	(to be used for future annual repo	n notification)
For further in	formation concerning this matter, pleas	e call:	
Sner	an North	847	813-6816
	Name of Contact Person	Area Code	813-6816  Daytime Telephone Number
Divi Regi P.O.	ILING ADDRESS: sion of Corporations istration Section Box 6327 ahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circl Tallabassee, FL 32301	c
	a check for the following amou 125.00 Filing Fee S130.00 Filing Certificate of	g Fee & 🔲 \$155.00 Filing l	

# 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:

, 5120 GREAT OAK (Name of Fo		include "Limited Liability Company," "L.L.C.,"	or "LLC.")
f name unavailable, enter	silemate name adopted for the purpose	of transacting business in Florida. The alternate	name must include "Limited
	o, or beauty	45 500 tags	
Illinois //urisdiction under the le	rw of which foreign limited liability	3. 47-2084380 (PEI number, if app)	(ashle)
company is organized)	or which to one in the property	(4 CA IMMIGOT, 11 upp)	<u> </u>
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Date first transacted busines (See sections 605.0904 & 605.0	s in Florida, if prior to registration.) 905, F.S. to determine penalty liability)	32. 8
9450 W. Bryn Mawi	r, Suite 750, Rosemont, Illinois 600	18	55. 6
			رين -
	(0)	10	- AC 5.
	•	iresa of Principal Office)	SHO B
9450 W. Bryn Mawr,	Suite 750, Rosemont, Illinois 6001		<u> </u>
		failing Address)	
lichael W. Brennan, M	anager, 9450 W. Bryn	Mour, Suite 750, Ro	semont, IL 60018
ving custody of re-	cords in the jurisdiction under	no more than 90 days old, duly authe the law of which it is organized. (A e, a translation of the certificate und	photocopy is not
ust be submitted)	///		
	8h		
	5.0203, F.S., the execution of this document	of an authorized person constitutes an affirmation under the penalties of perju- ment of State constitutes a third degree felony as prov	
	Samuel A. Mandarino		
		nted name of signee	<del></del>

### 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:	711
5120 GREAT OAK LLC		一起
If unavailable	e, the alternate to be used in the state of Florida is:	表表表
2. The name	and the Florida street address of the registered agent and office are:	9.53
	C T Corporation System	<b>₩</b>
	(Name)	-
	1200 South Pine Island Road	
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	
	Plantation FL 33324 City/State/Zip	_
liability comp registered ag statutes relati	named as registered agent and to accept service of process for the above to any at the place designated in this certificate, I hereby accept the appointment and agree to act in this capacity. I further agree to comply with the pring to the proper and complete performance of my duties, and I am familializations of my position as registered agent as provided for in Chapter 60 James M. Halpin	ment as rovisions of all ar with and
	By: C T Corporation System Assistant Secretary (Manature)	
	\$ 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

0500871-9



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

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

5120 GREAT OAK LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 15, 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 #: 1428901990
Authenticate at: http://www.cyberdrivelllinois.com

In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 16TH

day of

OCTOBER

A.D.

2014

SECRETARY OF STATE

Jesse White