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(Re	questor's Name)	
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COVER LETTER

TO:	Registration Section
	Division of Corneration

SUBJECT: Great Lakes Reloading, 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.

Existence, and check are submitted	to register the above refere	nced foreign limite	d liability company to transact business in Flor
Please return all correspondence co	ncerning this matter to the	following:	
Sheila N	/larias		
	Na	me of Person	
Great La	akes Reloadi	ing, LLC	
	Fir	m/Company	
P.O. Bo	x 754		
		Address	
Frankfo	rt, IL 60423		
	City/Str	ate and Zip Code	
smarias(@comcast.ne	et	
	E-mail address: (to be used	for future annual rep	ort notification)
For further information concerning	this matter, please call:		
Sheila Maria	as	815 at (469-6054
Name of	Contact Person	Area Code	Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	Division Registra Clifton E 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circ see, FL 32301	le
Enclosed is a check for the fo ☐ \$125.00 Filing Fee	llowing amount: \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2015

SHEILA MARIAS PO BOX 754 FRANKFORT, IL 60423

SUBJECT: GREAT LAKES RELOADING, LLC

Ref. Number: W15000015157

We have received your document for GREAT LAKES RELOADING, 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 designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Tim Burch Regulatory Specialist II

Letter Number: 215A00004343

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 of Liability Company," "L.L.C." or "LLC.")	of transacting business in Florida.	The alternate name must include "Lin	 mited
. Illinois	_{3.} 45-3685602		
(Jurisdiction under the law of which foreign limited liability company is organized)		imber, if applicable)	_
3-1-2015			
(Date first transacted business	in Florida, if prior to registration. 05, F.S. to determine penalty liab) ility)	_
13535 S. Torrence Ave. Bldg. "		75 T	
Chicago, IL 60633		A S	
	ress of Principal Office)	S	
		173	
P.O. Box 754		G PH	UT NOT LAND
P.O. Box 754 Frankfort, IL 60423		SA : (
Frankfort, IL 60423	ailing Address)	PH L: 57 OF STATE OFLORIDA	
Frankfort, IL 60423	-	L: 57 STATE CORIDA	
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Frankfort, IL 60423 (Ma) 7. The name, title or capacity and address of the polynomials.	-	L: 57 STATE CORIDA	
Frankfort, IL 60423 7. The name, title or capacity and address of the perchange of the per	erson(s) who has/have aut	thority to manage is/are:	_
Frankfort, IL 60423 (Ma) 7. The name, title or capacity and address of the portange of the p	erson(s) who has/have aut	thority to manage is/are:	ficial
Frankfort, IL 60423 7. The name, title or capacity and address of the perchange of the per	erson(s) who has/have aut	thority to manage is/are:	ficial
Frankfort, IL 60423 (Ma) 7. The name, title or capacity and address of the perchange of t	erson(s) who has/have aut	thority to manage is/are:	ficial

Charles J. Marias

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 Reloading, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:	15 MAR 24 SECRETARY TALLAMASS	Re-end son e
Joseph Marias (Name)	22 N	
(Name)	11)	√ waters
Florida Street Address (P.O. Box NOT ACCEPTABLE)	PH 4: 57 OF STATE E. FLORIDA	
Palm Beach Gardens FL 33410	_	
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.

(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

0368923-9



To all to whom these Presents Shall Come, Greeting

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

GREAT LAKES RELOADING LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 11, 2011, 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 #: 1505003670

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 19TH

day of

FEBRUARY

A.D.

2015

Desse White

SECRETARY OF STATE