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APRIL 3 2015 C. SRUCE

COVER LETTER

TO: Registration Section Division of Corporati	ions			
SUBJECT: LIMA	Bean kids Name of Lim	ited Liability Company		_
The enclosed "Application by F Existence, and check are submit				
Please return all correspondence	e concerning this matter to the	ne following:		
	Dacia Gr	avlin		_
		Name of Person		
	Lima Bea	M Kids, L	LC	_
	53 Palmeir	a Way Address	. 	_
	Santa Rosa City/	Beach, FL State and Zip Code	32499	-
	E-mail address: (to be us	mablan ki'ds red for future annual report no	. COM	_
For further information concern	ing this matter, please call:			
Dacia Gi	vavh'n.	at (<u>113</u>)2	230 8426 - Daytime Telephone Number	2015 APR
MAILING ADDRESS Division of Corporatio Registration Section P.O. Box 6327 Tallahassee, FL 32314	ns Divisi Regis Clifto 2661	cet address: ion of Corporations tration Section n Building Executive Center Circle nassee, FL 32301	ARY OF STATE	13 PM 12: 57
Enclosed is a check for the ☐ \$125.00 Filing Fee	e following amount: \$\Bigsireq \$130.00\$ Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee Certified Copy	& 🗆 \$160.00 Filing Fee.	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

فيرا

	OMPLIANCE WITH SECTION 6051902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER FIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
I	(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
If na	me unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
_iabi	lity Company," "L.L.C," or "LLC.")
2.	risdiction under the law of which foreign limited liability ompany is organized) 3. 40 - 130 170 (I.El number, if applicable)
(11	ompany is organized)
1	4.13.2015
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine pena ty liability)
5	Lima Bean kids, UC
_	134 N LaSalle Ste 2020 Chicago, IL 60002 (Street Address of Principal Office)
5. _	Lima Bean Kids, UC
_	63 Palmeira Way, Santa Rosa Beach, Fr 32459
7	The name, title or capacity and address of the person(s) who has/have authority to manage is/age:
<i>,</i> .	David Gravin, Managing Member
	53 Palmeira Way
	Santa Rosa Beach, Dr 32459
avi .cce	ttached is an original certificate of existence, no more than 90 days old, duly authenticated by the official ng custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not ptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator to be submitted) Signature of an authorized person
	cordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are trace 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.S.)
	Da Ma Granin
	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: Lima Boan Kids, 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:			
Lima Bean kids, UC Daga Gramin (Name) 53 Palmeya Way Florida Street Address (P.O. Box NOT ACCEPTABLE) Santarosa Bean FL 32459 City/State/Zip	TALLAHASOF FLOORS	2015 APR 13 PH 12: 57	Total Control of the
Having been named as registered agent and to accept service of process for the above liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the parameters relating to the proper and complete performance of my duties, and I am familiaccept the obligations of my position as registered agent as provided for in Chapter 6 Statutes. (Signature)	ntment a provisio liar with	ns of and	
\$ 100.00 Filing Fee for Application			

\$ 25.00

\$ 30.00 \$ 5.00

Designation of Registered Agent

Certificate of Status (optional)

Certified Copy (optional)

File Number

0379524-1



To all to whom these Presents Shall Come, Greeting:

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

LIMA BEAN KIDS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 08, 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 #: 1510301562

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of

APRIL

2015

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE