11500005811

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
W15	- 49531	

Office Use Only



700274829867

15 JUL 22 PM 1:5

2015 JUL 22 P 4: 49

JUL 2 3 20:5) BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2015

CSC MELISSA ZENDER

SUBJECT: 5 KEYS, LLC

Ref. Number: W15000049531

We have received your document for 5 KEYS, LLC and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being returned for the following:

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 of the space provided on the space provi

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 document number of the name conflict is L15000075544.

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.

Deborah Bruce Regulatory Specialist II

Letter Number: 215A00015490

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 718626

AUTHORIZATION :

COST LIMIT : \$ 43 0 00

ORDER DATE : July 22, 2015

ORDER TIME : 11:22 AM

ORDER NO. : 718626-005

CUSTOMER NO: 7143801

FOREIGN FILINGS

NAME: 5 KEYS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

5 JUL 22 P 4:

Jul 23 15 01:06p

Bischoff Partners, LLC.

3124661186

p.2

AFFIDAVIT

RICHARD R. RYAN, being first duly sworn on eath, deposes and states as follows:

- 1. I am the owner of 5 Keys, LLC;
- 2. I have voluntarily dissolved 5 Keys, LLC; and
- 3. I thereby release the use of the name by the new entity.

RICHARD R RYAN

STATE OF ILLINOIS)								
COUNTY OF Lee)	SS.							
On July 23 acknowledged tifal this instrument was	ıs ex	ecute	d as th	2015, at persor	RICHARD 's free act and	R. deed	RYAN	i į	personally
OFFICIAL SEAL CODY R SUPLES NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES(07/17/18)		Ĩ	Nofar)	La L	wle	-,	SECRETARY O	j 2015 JUL 22	

COVER LETTER

TO:

Registration Section

Divi	sion of Corporatio	ns						
SUBJECT:	5 Keys, LLC							
		Name of	Limited Liability	Company	***************************************	**.	_	
		reign Limited Liability Comed to register the above refer						
Please return	all correspondence	concerning this matter to the	following:					
	Mark P. Bischo	off						
	-	N	lame of Person	<u>.</u>			-	
	Bischoff Partne	ers, LLC						
		F	irm/Company				-	
	217 N. Jefferso	n St., Suite 600				IAI SE	3	
			Address			<u> </u>	<u>.</u>	$\overline{\Box}$
	Chicago, IL 60	661				TASS.	ر 22	TEM
		City/S	State and Zip Code			E G	ס	
	richrrr@gmail.co					FLOSTA VIS		U
		E-mail address: (to be use	d for future annua	report not	iification)		- t 9	
For further in	formation concerning	g this matter, please call:						
Rich	n Ryan		847 at (830-78	50			
- 1/2	Name o	of Contact Person	Area Code	Day	time Telephon	e Number	-	
Divi: Regi P.O.	MAILING ADDRESS:STREET ADDRESSDivision of CorporationsDivision of CorporationRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CenterTallahassee, FL 3230		of Corporations ion Section Building ecutive Center C					
	check for the follow 125.00 Filing Fee	ring amount: ■ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy		□ \$160.00 F of Status & C			ite

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:

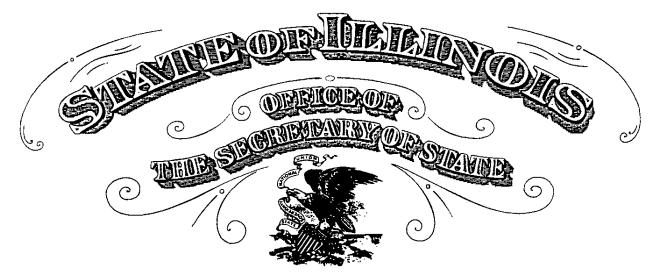
1. 5 Keys, LLC

1.	(Name of For	reign Limited Liability Company: must include "Limited Liability Company." "L.L.C.,	or "LLC.")
	f name unavailable, enter a ability Company," "L.U.C	alternate name adopted for the purpose of transacting business in Florida. The alternate	name must include "Limited
2	Cook County, Illinois	3.	
-,		v of which foreign limited liability (FEI number, if applica	ble)
4.	July 24, 2015		
		(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
 5.	938 Glenayre Drive		nere e como e
	Glenview, IL 60025		
	- · · · · · · · · · · · · · · · · · · ·	(Street Address of Principal Office)	
6.	1841 North Orchard St	treet	
	Chicago, IL 60614	T	25
		(Mailing Address)	
7.	Name and street address	ss of Florida registered agent: (P.O. Box NOT acceptable)	SECRET
		Rich Ryan	2000 20 1
	Name:		2 N
	Office Address	2865 NF. 25th Court	T9 0
		Fort Lauderdale Florida 33305	
		(City) (Zip code)	TOWER H: 49
Re U	gistered agent's accep	otance: egistered agent and to accept service of process for the above stated corporati	
thi wii	is application, I hereby th the provisions of all	accept the appointment as registered agent and agree to act in this capacity, statutes relative to the proper and complete performance of my duties, and I	I further agree to comply
ne	e obligations of my posi-	itlon as registered agent	
		Registered agent's signature)	
•		(Registered agent's signature)	
8.	The name, title or capa	acity and address of the person(s) who has/have authority to manage is/are:	
Rie	ch Ryan, Manager, 938	Glenayre Drive, Glenview, IL 60025	·
		,	**
			
			
υri	Attached is a certificate isdiction under the law the translator must be su		ng custody of records in the of the certificate under oath
		Signature of an authorized person	
		Signature of an authorized person	
		f in accordance with section 605.0203 (1) (b), Plorida Statutes, I am aware that to the Department of State constitutes a third degree felony as provided for in s.8	
		Rich Ryan	,

Typed or printed name of signee

File Number

0301793-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

5 KEYS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 13, 2010, 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.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of JULY A.D. 2015.

Authentication #: 1520200770 verifiable until 07/21/2016
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE