

M15000010334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

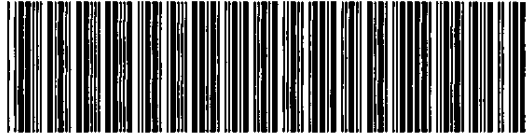
(Document Number)

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TALLAHASSEE, FLORIDA

M. MILLIGAN  
EXAMINER

DEC 29 2015

1114

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SONRAI SYSTEMS, 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 FLOOD  
Name of Person

SONRAI SYSTEMS, LLC  
Firm/Company

25 W 102 Ramm Drive  
Address

NAPERVILLE, IL 60564  
City/State and Zip Code

CHRIS@SONRAISYSTEMS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTOPHER FLOOD at ( 630 ) 878-8141  
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

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 17, 2015

CHRISTOPHER FLOOD  
25 W 102 RAMM DR  
NAPERVILLE, IL 60561

SUBJECT: SOWRAI SYSTEMS, LLC  
Ref. Number: W15000081083

*SONRAI SYSTEMS, LLC*

RECEIVED  
15 DEC 29 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for SOWRAI SYSTEMS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

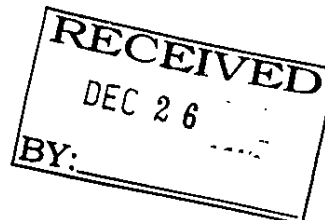
Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 015A00026433



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. SOMRAI SYSTEMS LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ILLINOIS 3. 20-8864880  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. DECEMBER 2, 2015  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 25 W 102 Kimm Drive  
NAPERVILLE, IL 60564  
(Street Address of Principal Office)

6. 25 W 102 Kimm Drive  
NAPERVILLE, IL 60564  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CT CORPORATION SYSTEMS  
Office Address: 1200 S PINE ISLAND DRIVE  
PLANTATION, Florida 33324  
(City) (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Katey Judd

Katey Judd, Assistant Secretary

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

CHRISTOPHER FLOOD CEO  
5W447 ABBEY GLEN DRIVE  
ST CHARLES, IL 60175

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Christopher M. Flood  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware 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.

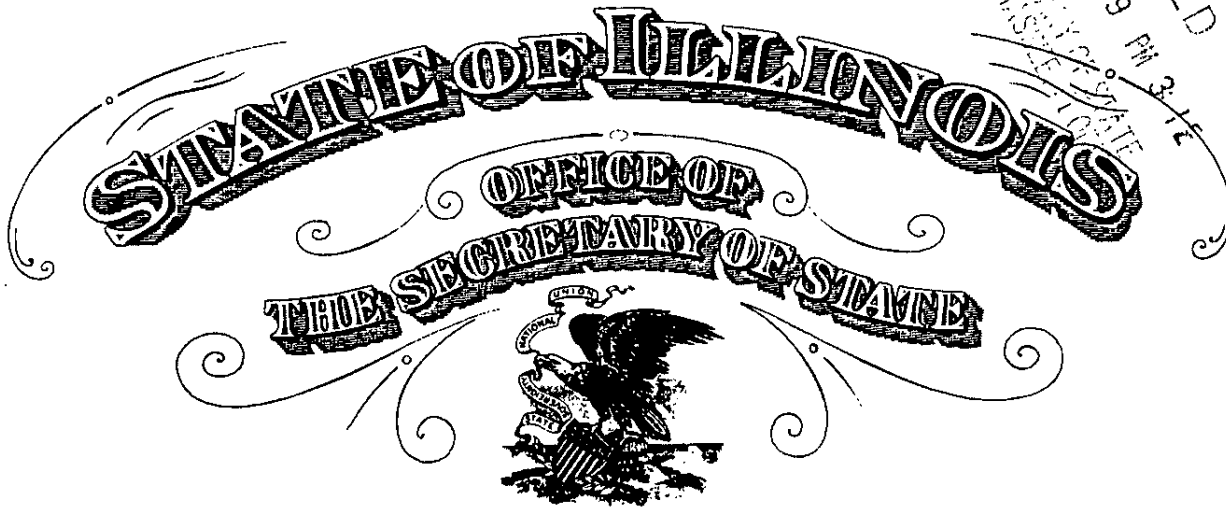
CHRISTOPHER FLOOD  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number

0217576-2

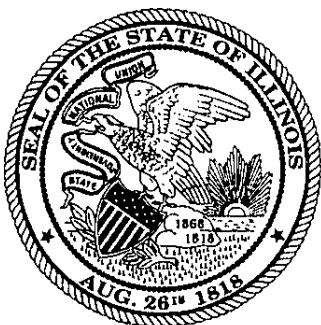
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ILLINOIS



**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*

SONRAI SYSTEMS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 16, 2007, 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 16TH  
day of DECEMBER A.D. 2015 .

*Jesse White*

SECRETARY OF STATE

Authentication #: 1535000572 verifiable until 12/16/2016

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