(Re	questor's Name)			
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COVER LETTER

Registration Section Division of Corporations	tina di Paramanana di Paramana	•
REMOTE YEAR, LLC SUBJECT:		
SUBJECT.	Name of Limited Liability	Company
The enclosed "Application by Foreign Lin Existence, and check are submitted to reg	nited Liability Company for Authorization ister the above referenced foreign limit	ation to Transact Business in Florida," Certificate of ited liability company to transact business in Florida.
Please return all correspondence concerni	ing this matter to the following:	
	Name of Person	
Incorporating Services,		
	Firm/Company	
	Address	
Tallahassee, FL 32301		
	City/State and Zip Code	•
denise.caplan@goldberg	kohn.com	
E-mai	l address: (to be used for future annua	report notification)
For further information concerning this m	atter, please call:	
Melissa	at (656-7956
Name of Conta	ct 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
	ount: 0.000 Filing Fee & \$155.00 Filing Fee Certified Copy	•

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, REMOTE YEAR, LLC				
(Name of Fore	eign Limited Liability Company; must include "Limited I	iability Company," "L.L.C.,"	or "LLC.")	- -
(If name unavailable, enter at Liability Company," "L.L.C,	Iternate name adopted for the purpose of transacting busing "or "LLC.")	ness in Florida. The alternate n	ame must include "l	Limited
2. ILLINOIS	₃ 47-261999	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicab	le)	
4. UPON QUALIFICAT	·			
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determ	to registration.) ine penalty liability)		
5. 1331 HILARY LANE				
HIGHLAND PARK, I				
	(Street Address of Principal Office)		_	
6. 1331 HILARY LANE				
HIGHLAND PARK, I	L 60035	•	2016 	
	(Mailing Address)		Co. 4 11	
7. Name and street addres	ss of Florida registered agent: (P.O. Box NOT acco	ptable)	A A A	
Name:	AL PESSIN	- 	3355 1778 101	m,
Office Address:	570 ANCHOR POINT	<u> </u>	P S	D
	DELRAY BEACH	Florida 33444	- NAT - 7-5	-
	(City)	(Zip code)	_≽ %i	
designated in this applica to complywith the provision	gistered agent and to accept service of process for tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and completely position as registered agent. By: Han Pessun	l agent and agree to act in i	this capacity. I fu	rther agree
	(Registered agent's signatur	e)		
~	ecity and address of the person(s) who has/have auth , 1331 HILARY LANE, HIGHLAND PARK, IL 60			
SAM PESSIN, 1331 HIL.	ARY LANE, HIGHLAND PARK, IL 60035 (Ma	nager)		
jurisdiction under the law of the translator must be so	Signature of an authorized per	eign language, a translation	of the certificate	under oath
This document is executed submitted in a document to	I in accordance with section 605.0203 (1) (b), Florida the Department of State constitutes a third degree f Sam Pessin	a Statutes. I am aware that a elony as provided for in s.8	iny false informati 17.155, F.S.	on

Typed or printed name of signee

File Number

0496826-3



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

REMOTE YEAR, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 23, 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.



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 JANUARY A.D. 2016.

Authentication #: 1601901668 verifiable until 01/19/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE