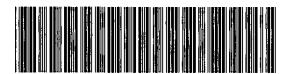


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JAN 21 20163

S. YOUNG

licenselogix

January 13, 2016

Florida Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Colleen Collins Enterprises, L.L.C.

Application by Foreign LLC for Authorization to Transact Business in Florida

To Whom It May Concern:

Enclosed please find an Application by Foreign LLC for Authorization to Transact Business in Florida our client, Colleen Collins Enterprises, L.L.C. Once the application has been processed, please forward evidence of approval to the mailing address on the application:

If there is any issue, or if you require any further information, please do not hesitate to contact me or my colleague, Nicole Gray, at ngray@licenselogix.com or (800) 292-0909 x327.

Thank you,

Kelly DiBattista

LicenseLogix 140 Grand Street, Suite 300 White Plains, NY 10601 sdesai@licenselogix.com (800) 292-0909 x315

Enc:

COVER LETTER

TO:		ration Section n of Corporation	S					
SUBJE		OLLEEN COLLIN	IS ENTERPRISES, L.L.C.					
SCHOL			Name of	Limited Liability (Company			
			eign Limited Liability Com d to register the above refer					
Please r	eturn all	correspondence c	oncerning this matter to the	following:				
		Linda Steffen						
			N	ame of Person	<u>.</u>			
		Colleen Collins	Enterprises, L.L.C.					
	Firm/Company							
		1699 E. Woodfi	ield Road, #200					
				Address				
		Schaumburg, IL	. 60173					
			City/S	State and Zip Code			ملسم پراست	
		powers@jrpchica	go.com				四	
			E-mail address: (to be use	d for future annual	report not	ification)	Total T	1
For furt	her infor	mation concerning	g this matter, please call:				20	11
	Kelly I	DiBattista		800 at (292-09	09 x315		.
		Name o	f Contact Person	Area Code	Day	time Telepho		
	Divisio Registr P.O. Bo	ing ADDRESS: n of Corporations ation Section ox 6327 assee, FL 32314			Division Registrati Clifton B 2661 Exe	CADDRESS: of Corporatio ion Section uilding coutive Center see, FL 32301	ns	
Enclose		eck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &		Filing Fee, Certificate Certified Copy	,

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

IN COMPLIANCE WITH SECTION 603,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	ign Limited Liability Company; must in	inclu	de "Limited Liability Company," "L.L.C.," or	"LLC.")
f name unavailable, enter altability Company," "L.L.C,"		of tra	nsacting business in Florida. The alternate na	me must include "Limite
Illinois		3	04-3699174	
company is organized)	of which foreign limited liability	J.	(FEI number, if applicable	
Upon filing				_
	(Date first transacted business (See sections 605.0904 & 605.09	in Fi 905, I	lorida, if prior to registration.) F.S. to determine penalty liability)	
1699 E. Woodfield Ro				
Schaumburg, IL 60173				
	(Street Address of Prin	ncip	al Office)	
. 1699 E. Woodfield Ros	ıd, #200			- ,
Schaumburg, IL 60173				国後の
Schadiffourg, 12 00175	(Mailing Ad	idres	8)	法第 4 五
				22
. Name and street addres	s of Florida registered agent: (P.O.	. Bo	x <u>NOT</u> acceptable)	图 25 届
Name:	Paracorp Incorporated			
Office Address:	155 Office Plaza Drive, 1st Floor	•		10 to
	Tallahassee			85 2
	(City)		, Florida 32301 (Zip code)	- 3.5
esignated in this application complywith the provision	gistered agent and to accept servic tion, I hereby accept the appointm	ent	process for the above stated limited liai as registered agent and agree to act in to and complete performance of my dution	his capacity. I further
	(Registere	ed ag	gent's signature)	
8. The name, title or cans	icity and address of the person(s) w	vho I	nas/have authority to manage is/are:	
Colleen A. Smith/Owner	, France France (e)		,	
1699 E. Woodfield Road,	#200			
Schaumburg, IL 60173				,,
	of which it is organized. (If the cert		d, duly authenticated by the official having ate is in a foreign language, a translation	
	Signature of	fan	authorized person	<u> </u>
			1) (b), Florida Statutes. I am aware that a hird degree felony as provided for in s.81	
	Colleen A. Smith			•

Typed or printed name of signee

File Number

0074132-9



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

COLLEEN COLLINS ENTERPRISES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 08, 2002, 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 8TH day of DECEMBER A.D. 2015.

Authentication #: 1534202774 verifiable until 12/08/2016
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE