

M16000001892

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

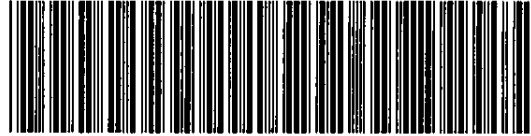
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 03 2016
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LK&S LAWRENCE, KAMIN, UP SAUNDERS & UHLENHOP LLC

300 South Wacker Drive, Suite 500
Chicago Illinois 60606

312-372-1947 phone
312-372-2389 fax

www.LKSU.com

Direct Dial: 312-924-4255
E-Mail: rdavid@lksu.com

February 29, 2016

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: Norton Fremont, LLC

Application by Foreign LLC for Authorization to Transact Business in Florida

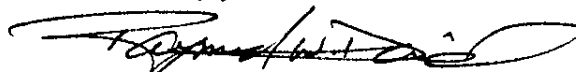
Dear Sir/Madam:

Enclosed please find an Application by Foreign LLC for Authorization to Transact Business in Florida for the above Illinois LLC, a current Certificate of Good standing, the cover letter and a check in the amount of \$125.00 for the filing fees.

Kindly return a stamped copy of the Application and your acceptance and approval of the authorization to transact business in Florida to the undersigned.

Thank you.

Sincerely yours,



Raymond W. David
Legal Assistant

RWD:rwd

cc: James and Mary Norton
Joseph A. Zarlengo

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Norton Fremont, 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:

Joseph A. Zarlengo

Name of Person

Lawrence, Kamin, Saunders & Uhlenhop, LLC

Firm/Company

300 S. Wacker Drive, Suite 500

Address

Chicago, IL 60606

City/State and Zip Code

jzarlengo@lksu.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond W. David

312

924.4255

Name of Contact Person

at (_____) _____
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

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. Norton Fremont, 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-2416446
(FEI number, if applicable)

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

5. 831 S. Boulevard of the Presidents
Sarasota, FL 34236
(Street Address of Principal Office)

6. 831 S. Boulevard of the Presidents
Sarasota, FL 34236
(Mailing Address)

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

Name: National Corporate Research, Ltd., Inc.
Office Address: 115 N. Calhoun Street, Suite 4
Tallahassee, Florida 32301
(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.

Anthony E. Macky, VP of NCR
(Registered agent's signature)

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

Mary E. Norton, as trustee of the James J. Norton Irrevocable Trust Dated February 28, 2005 - Manager

831 S. Boulevard of the Presidents, Sarasota, FL 34236

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)

Mary E. Norton
(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.

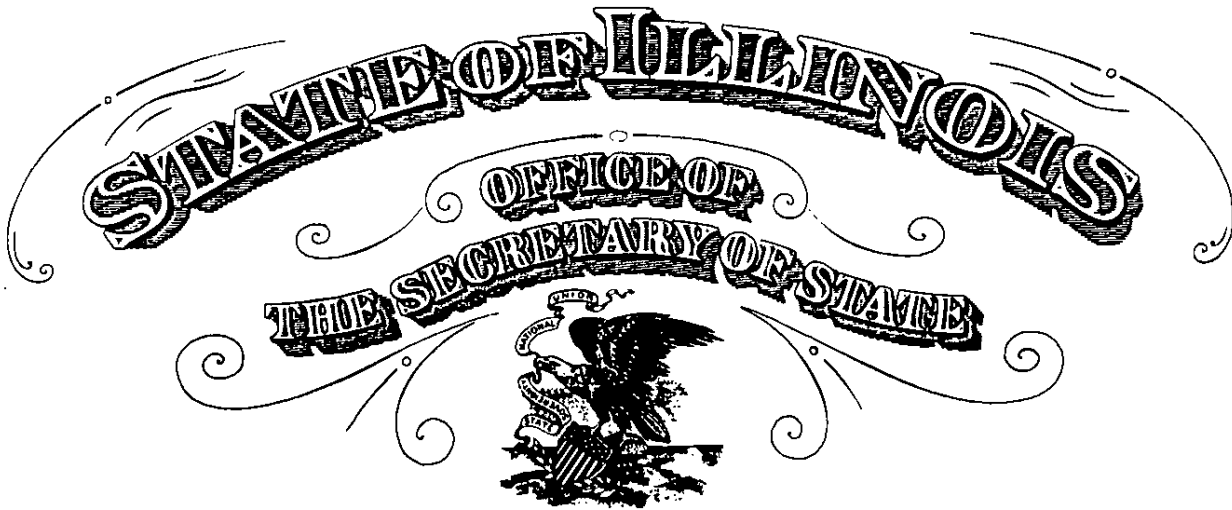
Mary E. Norton, as trustee

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

File Number

0143918-9



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

NORTON FREMONT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 01, 2005, 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 29TH
day of FEBRUARY A.D. 2016 .***

Jesse White

SECRETARY OF STATE