MINOUNANO

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W16-13351					

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

MAR 0'4 '2016,) BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2016

WILLIAM BAILEY 700 NICHOLAS BLVD., STE 403 ELK GROVE VILLAGE, IL 60007

SUBJECT: GEO, BANCROFT ENGINEERING, LLC DBA BANCROFT

ARCHITECTS + ENGINEERS Ref. Number: W16000013351

We have received your document for GEO, BANCROFT ENGINEERING, LLC DBA BANCROFT ARCHITECTS + ENGINEERS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

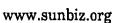
A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 516A00003727



COVER LETTER

Registration Section

TO:

Div	ision of Corporation	IS					
SUBJECT:		ineering, LLC. Dba Bancrot	ft Architects + En	gineers	\$\display \text{*}		
		Name of Limited Liability Company					
The enclosed Existence, an	l "Application by For ad check are submitted	eign Limited Liability Comp d to register the above refere	oany for Authoriza enced foreign limi	ation to Transact Busi ted liability company	ness in Florida," to transact busin	Certificate of ess in Florida	
Please return	all correspondence c	oncerning this matter to the	following:				
	William Bailey						
		Na	ame of Person				
	Bancroft Architects + Engineers						
	Firm/Company						
700 Nicholas Blvd., Suite 403							
		Address					
	Elk Grove Villa	nge, Illinois 60007			2016 SEC TALL		
		City/St	tate and Zip Code		CR	~ T`	
wbailey@bancroft-ae.com						Parties.	
		E-mail address: (to be used	for future annua	report notification)	m _{er} ω	! [77]	
For further in	nformation concerning	g this matter, please call:			F STA		
Wii	lliam Bailey		847 _at (952-9362 _)	200x		
	Name o	f Contact Person	Area Code	Daytime Telep	hone Number	•	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314							
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin		00 Filing Fee, Ce s & Certified Cop		

COVER LETTER

	istration Section sion of Corporation	as.					
SUBJECT:	GEO. Bancroft Eng	ineering, LLC.					
JOBOLCI,	- <u>u</u>	Name of I	imited Liability (Company			•
		eign Limited Liability Comp d to register the above refere					
Please return	all correspondence of	oncerning this matter to the	following:				
	William Bailey						
		Na	me of Person				
	Bancroft Archit	ects + Engineers, LLC					
		Fi	rm/Company		•		•
	700 Nicholas B	lvd., Suite 403					
Address						-	
	Elk Grove Villa	age, Illinois 60007			ALLY	2016 SECI	
	wbailey@bancro	•	ate and Zip Code		HASS	MAR -	
		E-mail address: (to be used	for future annual	report not	ification)	<u>~ ~ </u>	- 171
For further in	formation concerning	g this matter, please call:		•	FLOR	STATE	O
Wil	liam Bailey		847 at (952-936	62 D	ੀਂ ਨ	
	Name o	f Contact Person	Area Code	Day	time Telephor	ne 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					
	check for the follow 125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 I of Status &		

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 COMPANYTOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. GEO. Bancroft Enginee				
(Name of Fore	rign Limited Liability Company; must include "Limited Liability Company,,, "L.L.C.,,, or	LLC.,,)		
	ternate name adopted for the purpose of transacting business in Florida. The alternate name	e must i	nclude "Limited	
Liability Company,,, "L.L.C,				
2. Illinois	of which foreign limited liability 3. 27-0495939 (FEI number, if applicable)			
(Jurisdiction under the law company is organized)				
4. Not applicable				
	(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)			
5. 1289 Little Oak Circle				
Titusville, Florida 3378	30			
	(Street Address of Principal Office)	•		
6. 700 Nicholas Blvd, Sui	te 403 💆 🗸	2016		
Elk Grove Village, Illir	nois 60004		77	
	(Mailing Address)	Ä	mediate A	
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	ů	1	
Name:	Thomas Nix	U	5	
Office Address:	6060 Pinnacle Lane, Unit 1902	!: 5		
	Naples FL , Florida 34110 - 7.352	, 6		
	(City) (Zip code)			
this application, I hereby	gistered agent and to accept service of process for the above stated corporation accept the appointment as registered agent and agree to act in this capacity. I f statutes relative to the proper and complete performance of my duties, and I am	urther d	agree to comp	ly
•	(Registered agent's signature)			
8 The name title or cons	city and address of the person(s) who has/have authority to manage is/are:			
	Design, 1289 Little Oak Circle, Titusville, Florida 33780			
		····	_	
Saleem Toor, Director of	Engineering, 1289 Little Oak Circle, Titusville, Florida 33780			
				
 Attached is a certificate jurisdiction under the law of of the translator must be su 	of existence, no more than 90 days old, duly authenticated by the official having of which it is organized. (If the certificate is in a foreign language, a translation of abmitted)	custody the cer	of records in the cificate under c	he ath
	Signature of an authorized person			
This document is executed submitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any the Department of State constitutes a third degree felony as provided for in s.817.	false in	formation S.	

Typed or printed name of signee -

William Bailey

File Number

0283168-6



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

GEO. BANCROFT ENGINEERING, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 01, 2009, 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.

Authentication #: 1606001646 verifiable until 02/29/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE