

M1600000 3023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

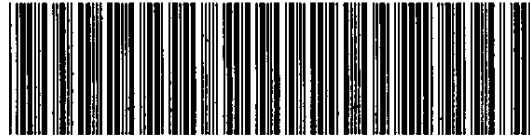
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECURITY OF STATE
TALLAHASSEE, FLORIDA

APR 12 2016
J. HARRIS

200283799052

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S&K PROPERTY SOLUTIONS, 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:

RUTH NORGAN

Name of Person

YOUR ENTITY SOLUTION, LLC

Firm/Company

6440 SKY POINTE DR STE 140-106

Address

LAS VEGAS, NV 89131

City/State and Zip Code

RUTH@YOURENTITYSOLUTION.COM

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

For further information concerning this matter, please call:

RUTH NORGAN

Name of Contact Person

702

at ()

Area Code

506-0191

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

March 28, 2016

RUTH NORGAN
YOUR ENTITY SOLUTION, LLC
6440 SKY POINTE DR STE 140-106
LAS VEGAS, NV 89131

SUBJECT: S&K PROPERTY SOLUTIONS, LLC
Ref. Number: W16000022759

We have received your document for S&K PROPERTY SOLUTIONS, 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):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 416A00006298

2016 APR -7 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 APR -7 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **S&K PROPERTY SOLUTIONS, 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. _____

(FEI number, if applicable)

4. _____

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

5. **820 S EVERGREEN AVE**

ARLINGTON HEIGHTS, IL 60005-2609

(Street Address of Principal Office)

6. **820 S EVERGREEN AVE**

ARLINGTON HEIGHTS, IL 60005-2609

(Mailing Address)

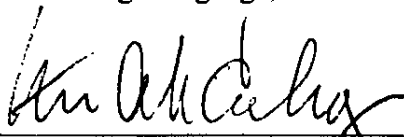
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STATE OF FLORIDA

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

STEVEN A HEILIG, MANAGER - 820 S EVERGREEN AVE, ARLINGTON HEIGHTS, IL 60005-2609

BRIAN S HEILIG, MANAGER - 3480 PINEWALK DR N APT 118, MARGATE, FL 33063-7804

8. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)



Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

STEVEN HEILIG

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

S&K PROPERTY SOLUTIONS, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

BRIAN S HEILIG

(Name)

3480 PINEWALK DR N APT 118

Florida Street Address (P.O. Box NOT ACCEPTABLE)

MARGATE

FL

33063-7804

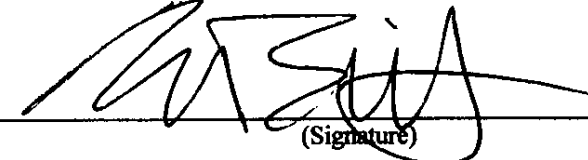
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

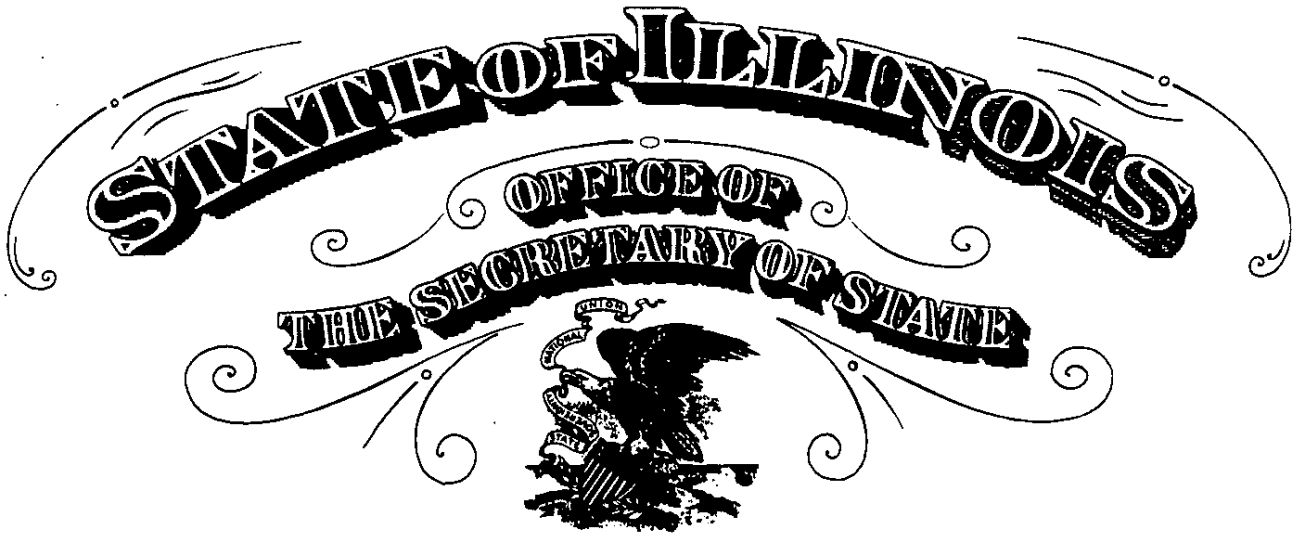
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.


(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

File Number

0565216-2



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

S&K PROPERTY SOLUTIONS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 10, 2016, 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 14TH
day of MARCH A.D. 2016 .***

Jesse White

SECRETARY OF STATE