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(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:						
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**125.00

K. SALY EXAMINER

May 2, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #

Order #: 9985438 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Department of State, Florida:

Please obtain the following:

SAS ARCHITECTS & PLANNERS, LLC (IL) Registration

Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

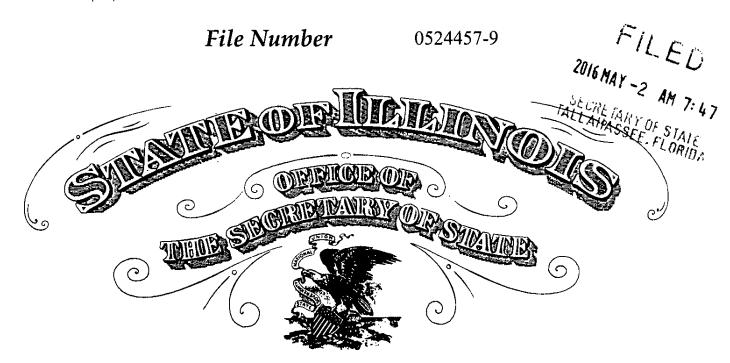
COVER LETTER

	lvision of Corporation	18					
SUBJECT	SAS ARCHITECTS	SAS ARCHITECTS & PLANNERS, LLC					
SCORECT	*	Name of	Limited Liability Company	y			
				Fransact Business in Florida," Certificate of lity company to transact business in Florida			
Please retu	rn all correspondence c	concerning this matter to the	following:				
	M,	CHAEL AREA	25012				
		N	ame of Person				
	SAS	ARCHITECT &	FPLANNERS,	لتاد			
		k	irm/Company				
	(630)	DUNDEE STE	110 ¥				
			Address				
	Noen	ABBOOK II	1000107				
	(304)1	ABROOK, IL City/S	tate and Zip Code				
		SON OSASAR E-mail address: (to be use					
		E-mail address: (to be use	d for future annual report n	otification)			
For further	information concerning	g this matter, please call:					
	LISA KEN Name o	f Contact Person	at (<u>847</u>) <u>5(</u> Area Code D	94 - 8333 × 31 1 aytime Telephone Number			
Di Re P.0	AILING ADDRESS: vision of Corporations egistration Section O. Box 6327 Illahassee, FL 32314		Divisio Registr Clifton 2661 E	ET ADDRESS: on of Corporations ation Section Building xecutive Center Circle assee, FL 32301			
	a check for the follow \$125,00 Filing Fee	ing amount: \$\Bigsigma \text{\$\text{\$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

	CTION 605.0902, FLORIDA STATE USINESS IN THE STATE OF FLO		SUBMITTED TO REGISTER	A FOREIGN LIMITED LIABILITY
, SAS ARCHITECTS &	& PLANNERS, LLC			
(Name of For	reign Limited Liability Company	; must include "Limited Liab	oility Company," "L.L.C.,"	or "LLC.")
(If name unavailable, enter a	alternate name adopted for the pu	rpose of transacting business	s in Florida. The alternate n	ame must include "Limited
, IL	·	3		
(Jurisdiction under the law company is organized)	of which foreign limited liabilit	у	(FEI number, if applicab	le)
4. upon filing	(Data front transacted h	note and in Plantile Manufacture.		
	(See sections 605.0904 &	usiness in Florida, if prior to 605.0905, F.S. to determine	registration.) penalty liability)	
				<u> </u>
630 Duno	dee, #110, Northbrook,	, IL 60062		
		s of Principal Office)		Fig. 3
				ZIIGHAY-S
630 Duno	lee, #110, Northbrook,			_ SSE 22 TT
	· ·	ling Address)		ma = O
7. Name and street addre	<u>ss</u> of Florida registered agent:	(P.O. Box NOT accepta	ible)	
Name:	C T Corporation System			
Office Address:	1200 South Pine Island Ro	pad	-	
	Plantation		. Florida 33324	
Registered agent's accep	(City	<i>'</i>)	(Zip code)	 ;
Having been named as redesignated in this applicate to complywith the provision	egistered agent and to accept ution, I hereby accept the app ions of all statutes relative to my position as registered age C T Corporatio By:	ointment as registered as the proper and complete ent.	gent and agree to act in a performance of my duti Cristina Lam, Vio	this capacity. I further agree es, and I am familiar with and
O The 4!41				
Manager - Michael	Aconson		-	
	03030	NDEE #110 NO	KTHYDROOK, IL	60067
M <u>ana</u> ger - James Mo	oyer 630 Dundy	ce #110 North	vplook IC R	,0062
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 of which it is organized. (If the abmitted)	0 days old, duly authenticate certificate is in a foreign	nted by the official havin n language, a translation	g custody of records in the of the certificate under oath
	Sign	ture of an authorized person		
This document is executed submitted in a document to	d in accordance with section 6 to the Department of State cons	05.0203 (1) (b), Florida S stitutes a third degree felor	tatutes. I am aware that a ny as provided for in s.81	ny false information 7.155, F.S.
	MICHAEL		-	•

Typed or printed name of signee



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

SAS ARCHITECTS & PLANNERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 28, 2015, 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 APRIL A.D. 2016

Authentication #: 1612002366 verifiable until 04/29/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE