Page 1 of 2

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000125503 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)205-8842 Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

### Foreign Limited Liability Company Yoatrium, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

MAY 23 2016

Electronic Filing Menu

Corporate Filing Menu

Help SHIVERS

·/ 🔐

Registration Section

TO:

#### COVER LETTER

Div	Iston of Corporation	ia I				
SUBJECT:	YOATRIUM, L	rc				
		Name of	Limited Liability	Company		
The enclosed Existence, as	l "Application by For nd check are submitte	reign Limited Liability Comp d to register the above refer	oany for Authorizz enced foreign limi	stion to Tra ted liability	ansact Business in Florida," ( y company to transact busine	Certificate of ss in Florida
Please return	all correspondence	concerning this matter to the	following:			
	LYLE S. GEN	IN				
		N	ame of Person		· · · · · · · · · · · · · · · · · · ·	
	BEERMANN	PRITIKIN MIRABELLI SW	ÆRDLOVE LLP			
	Firm/Company					
	161 N. CLARK STREET, SUITE 2600					
Address						
	CHICAGO, ILLINOIS 60601					
		City/S	tate and Zip Code			
	CORPORATEPA	\ralegal@beermann	NLAW.COM			
		E-mail address: (to be used	for future annual	report not	ification)	
For further in	formation concernin	g this matter, please call:				
LY	LE S. GENIN OR S	TEFANIA PIALIS	312 at (	621-9		
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section Box 6327 ahassee, FL 32314			Division Registrati Clifton B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ee, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount:  (1) \$130.00 Filing Fee &  Certificate of Status	☐ \$155.00 Filin Certified Copy	ng Fee &	ロ \$160.00 Piling Pee, Cer of Status & 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:

, YOATRIUM, LLC					
(Name of For	eign Limited Liability Company; must include "	Limited Liability Company," "L.L.C.,	" or "LLC.")		
If name unavailable, enter a liability Company," "L.L.C,	Remate name adopted for the purpose of transac " or "LL.C.")	ting business in Florida. The alternate	name must i	nclude '	Limited
DELAWARE	3,	81-2663661			
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applications	able)		<del></del>
	(Date first transacted business in Florid	10			
5300 BROKEN SOUN	(See sections 605.0904 & 605.0905, F.S. )  ID BLVD. NW, SUITE 110	is if prior to registration.) to determine penalty liability)			
BOCA RATON, FLOR	RIDA 33487				
	(Street Address of Principal Of	lice)			
161 N. CLARK STREE	ET, SUITE 2600		<u>}</u> }	<u></u>	
CHICAGO, ILLINOIS 60601					
	(Mailing Address)			~	
. Name and street addres	s of Florida registered agent: (P.O. Box N	OT acceptable)		$\circ$	ij met
Name:	C T CORPORATION SYSTEM		25		
Office Address:	1200 SOUTH PINE ISLAND ROAD				t de la
	PLANTATION	, Florida <u>33324</u>		ž.	
Registered agent's accept	(City)	(Zip code)	) - 3 -		
lesignated in this application of the complywith the provision of the complywith the complex complywith the complex compl	gistered agent and to accept service of pro- tion, I hereby accept the appointment as re- ons of all statutes relative to the proper and my position as registered agent.  James I	gistered agent and agree to act it	i this capaci	ity. I fi	urther ag
	(Registered agent's	aignature)			
5. The name, title or capa	city and address of the person(s) who has/h	ave authority to manage is/are:			
EFFREY A. LEVITETZ	, MGR, 5300 BROKEN SOUND BLVD. N	W, SUITE 110, BOCA RATON,	FL 33487	_	
ALAN RUTNER, PRES	SEC., 5300 BROKEN SOUND BLVD. NV	V, SUITE 110, BOCA RATON, F	L 33487	_	
LYLE S. GENIN, ASSIS	TANT SEC., 161 N. CLARK STREET, SU	ITE 2600, CHICAGO, IL 60601		_	
Attached is a certificate urisdiction under the law of the translator must be so	of existence, no more than 90 days old, dut of which it is organized. (If the certificate is abmitted)  Signature of an autho	in a foreign language, a translation	ing custody in of the cert	of reco illicate	rds in the under ost
This document is executed	in accordance with section 605.0203 (1) (b) the Department of State constitutes a third	), Plorida Statutes. I am aware that	any false in 817.155. P.S	iformeti S.	ion
comment in a occument to	Lyle S. Genin, Assistan				
	Typed or printed name				

# Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "YOATRIUM, LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTEENTH DAY OF MAY, A.D. 2016.

6045435 8300 SR# 20163364593

You may verify this certificate online at corp.delaware.gov/authver.shtml

Jeffrey W. Butheck, Becretary of State

Authentication: 202342184

Date: 05-18-16