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### **COVER LETTER**

TO: Registration Sec Division of Cor				
SUBJECT: W	orldmax Nan	Properti- ne of Limited Liability Co	es, UC.	
			on to Transact Business in Florida," (d liability company to transact busine	
Please return all correspon	ndence concerning this matter t	<del>-</del>		
	PAUL KNO	TT_		T.o
				古
	Worldman	+ Pryse	Hies, LLC.	6 JUN-6 AMI
	155 N. 1	Michiga Address	ties, LLC. Ave #158	M 10: L7
	Chicago,	TL 60 City/State and Zip Code	1601	
Pa	E-mail address: (to b	NAX DOPE ( e used for future annual r	ties. com eport notification)	
For further information co	oncerning this matter, please ca	11:		
Paul	Knott- Name of Contact Person	at (847) Area Code	772 - 375   Daytime Telephone Number	
MAILING ADI Division of Corp Registration Sect P.O. Box 6327 Tallahassee, FL	orations tion	] ]	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for th			Fee & \$160.00 Filing Fee, Ce of Status & Certified Cop.	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ION 605.0902, FLORIDA STATUTES, THE I INESS INTHE STATE OF FLORIDA:	FOLLOWING IS SUBMITTED	TO REGISTER A FORE	IGN LIMITED LIABILITY
1. Worldm (Name of Foreign	ax Properties, gn Limited Liability Company; must inclu	LLC. Ide "Limited Liability Compa	my," "L.L.C.," or "LLC	.")
WMP. L	_C.			
(If name unavailable, enter alto Liability Company," "L.L.C,"	ernate name adopted for the purpose of tra or "LLC.")	nsacting business in Florida.	The alternate name mu	st include "Limited
2. TLUNO: (Jurisdiction under the law o company is organized)	f which foreign limited liability  3.	47 - 484 (FEI num	ber, if applicable)	<del> </del>
4	(Date first transacted business in F	lorida, if prior to registration.	.)	, <b>F</b> 9
= 165 N	(See sections 605.0904 & 605.0905,	F.S. to determine penalty liab	oility)	5 F.G.
	J .	-		
Chicago	Street Address of Princip	al Office)		
6 155 N	Michigan Ave	_ # 758		AND: LT
<u> </u>				2
<u> Chicago</u>	(Mailing Addres	s)		
7 . V	(5)	NOT		
/. Name and street address	of Florida registered agent: (P.O. Bo	x NOT acceptable)		
Name:	REGISTERED AGENTS INC.			
Office Address:	3030 N. Rocky Point Drive			
	TAMPA	, Florida _	33607	
Registered agent's accepta	(City)		(Zip code)	
Having been named as reg this application, I hereby a	istered agent and to accept service of ccept the appointment as registered o atutes relative to the proper and com	igent and agree to act in t	his capacity. I furth duties, and I am fam	er agree to comply iliar with and accept
-	(Registered ag	gent's signature)	· · · · · · · · · · · · · · · · · · ·	
8. The name, title or capac	ity and address of the person(s) who I	nas/have authority to mana		<del></del>
				<u> </u>
9. Attached is a certificate of jurisdiction under the law of the translator must be sub-	of existence, no more than 90 days old f which it is organized. (If the certification of the	ate is in a foreign language	e, a translation of the	dy of records in the certificate under oath
	Signature of an a	autnonzed person		
This document is executed submitted in a document to	in accordance with section 605.0203 ( the Department of State constitutes a t	1) (b), Florida Statutes. I a	m aware that any false	e information F.S.
	PAU KNOTT Typed or printed	<b>_</b>		
-	Typed or printed	name of signee		

### File Number

0541030-4



## 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

WORLDMAX PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 20, 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 1ST day of JUNE A.D. 2016.

Authentication #: 1615301370 verifiable until 06/01/2017
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE