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SECRETARY OF STATE ALLIAHASSEE, FLORIUA



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W16-41677

Y SULKER

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

6/7/16

NAME: MACNEIL AVIATION LLC

TYPE OF FILING: APPLICATION

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2016

FLORIDA FILING

SUBJECT: MACNEIL AVIATION, LLC

Ref. Number: W16000041677

We have received your document for MACNEIL AVIATION, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 216A00012038

lesse retain origined file date.

www.sunbiz.org

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 COMPANY TO TRANSACT BY ISDRESS, BUTHER STATE OF BY ORDER.

	reign Limited Liability Company; m alternate name adopted for the purpo			·	
Liability Company," "L.L.C	C," or "LLC.")	•			
2. ILLINOIS (Jurisdiction under the law company is organized)	v of which foreign limited liability	3	(FEI number, if applicable)		
4				_	
	(Date first transacted busin (See sections 605.0904 & 60	ess in Florids, if prior to 5.0905, F.S. to determine	registration.) : penalty liability)		
5. 1 MACNEIL COURT	<u> </u>			.	
BOLINGBROOK, IL	60440				
	(Street Address of	Principal Office)		•	
6. 1 MACNEIL COURT				-	
BOLINGBROOK, IL					
	(Mailing	Address)			
7. Name and street addre	ss of Florida registered agent: (F	O.O. Box NOT accepts	ıble)		1, 11,
Name:	FLORIDA FILING & SEARC	CH SERVICES, INC.		-J	2 444
Office Address:	155 OFFICE PLAZA DRIVE,	SUITE A	_	ma B	; · T
	TALLAHASSEE		, Florida 32301		Ĕ.
Registered agent's accep	(City)		(Zip code)	9:08 108 108	•
Having been named as re designated in this applica to complywith the provisi	egistered agent and to accept ser ation, I hereby accept the appoin ions of all statutes relative to the my position as registered agent.	tment as registered ag proper and complete p	ent and agree to act in this	s capacity. I further ag	ree
2. The name title or cans	acity and address of the person(s)	a who bas/have authorit	ty to manage is/are:		
•	IANAGER, I MACNEIL COUR				
ROBERT C. AUMENT, (CO-MANAGER, 227 W. MONF	OE STREET, SUITE	3500, CHICAGO, IL 6060	6	
). Attached is a certificate	of existence, no more than 90 da	nys old, duly authentica	ted by the official having c	ustody of records in the	; •h
of the translator must be su	ubmitted)	Com	- Tanguage, a transjation of	are comment under on	11
	•	of an authorized person			
This document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitu	ites a third degree felor	atutes. I am aware that any ny as provided for in s.817.1	false information 155, F.S.	
	DUBE	RTC AUMENT			

Typed or printed name of signee

File Number

0053583-4



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

MACNEIL AVIATION, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 28, 2001, 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

day of

JUNE

A.D.2016

Authentication #: 1615901986 verifiable until 06/07/2017 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE