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COVER LETTER

TO:	Registration Se Division of Cor			•			
FD Group 11 LLC, an Indiana limited liability company							
SUBJECT: Name of Limited Liability Company							
The en Exister	closed "Applicationce, and check are	n by Foreign Limited Liability Co submitted to register the above re	ompany for Authorization	on to Transact Business in I liability company to trans	Florida," (act busine	Certific ss in F	ate of lorida
Please	return all correspon	ndence concerning this matter to	the following:				
			Briana O'Neill				
			Name of Person				
			Dubin Singer PC				
			Firm/Company				
123 N. Wacker Drive, Suite 1600							
			Address				
	Chicago, IL 60606						
	City/State and Zip Code						77
	rdubin@dubinsinger.com						1
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:							
		Briana O'Neill	312 at ()	801-8750	ŜĀ	94:11	
		Name of Contact Person	Area Code	Daytime Telephone N	umber		
	MAILING ADE Division of Corp Registration Sect P.O. Box 6327 Tallahassee, FL 3	orations tion	D R C 20	TREET ADDRESS: Division of Corporations degistration Section Diffon Building 661 Executive Center Circ fallahassee, FL 32301	le		
Enclose	ed is a check for the	e following amount: g Fee	□ \$155.00 Filing Certified Copy	Fee & S160.00 Filing of Status & Certi			

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 IT) REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO HAMBACT BU	SINESS BY THE STATE OF PLONUM,		
1,	FD Group 11 LLC ign Limited Liability Company; must include "Limit	A Castle Comment of the Parenter	
(Mane III Lote	ign Limited Elsenitty Compuny; must include "Elimit	ed Liability Company. " L.L.C.," or "LLC."	,
(if name unavailable, enter alt	ernate name adopted for the purpose of transacting b	ousiness in Florida. The ulternate name must	include "Limited
2. Indiana			
(Jurisdiction under the law of company is organized)	of which foreign limited liability	(FEI number, if applicable)	
4,	March 29, 2016		
	(Date first transacted business in Florida, if g (See sections 605.0904 & 605.0903, F.S. to det	orior to registrarion.) termine penalty liability)	∑ S ≠
5	875 N. Michigan Avenus Cuite 361	12	
	Chicago, IL 60611		
	(Street Address of Principal Office)		2 F
G	875 N. Michigan Avenue, Suite 361	2	Inc. III
	Chicago, IL 60611		
	(Mailing Address)		
7. Name and street address	of Florida registered agent: (P.O. Box NOT a	acceptable)	¥
Namie:	Marilyn Solomon		
Office Address:	6564 Summerset Court		
	Hoca Raton	, Florida 33496	
	(City)	(Zip code)	
designated in this applicate to complywith the provisio	istered agent and to accept service of process ton, I hereby accept the appointment as registents of all statutes relative to the proper and composition as registered agent. Maula	ered agent and agree to act in this capainplete performance of my duties, and I	city. I further agree
	(Registered agent's sign	ature)	
8. The name, title or capac	city and address of the person(s) who has/have a	authority to manage is/are;	
	George Novogroder, Manager		
	875 N. Michigan Avenuc, Suite 3612		_ _
	Chicago, IL 60611		
9. Attached is a certificate of jurisdiction under the law of of the translator must be suf	of existence, no more than 90 days old, daly aut f which it is organized. (If the contincate is in a bmitted)	henticated by the official having custody foreign lauguage, a translation of the ce	of records in the
•	Signature of an authorized	person	
This document is executed submitted in a document to	in accordance with section, 505.0203 (1) (b) Flottle Department of State constitutes a third page	orida Statutes. I am aware that any false i ee felony as provided for in s.817.155. P	nformation .S.
CHAPTER IN A RESIDENCE PR	George Novogroder		• •••
	Typed or printed name of si	gnee	

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

FD GRÓUP 11 LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 14, 2016, and was in existence or authorized to transact business in the State of Indiana on July 06, 2016.

I further certifive this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not vet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 06, 2016

Corrie Fauson

CONNIE LAWSON
SECRETARY OF STATE

2016031500018 / 201652490

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate