

ml6000006558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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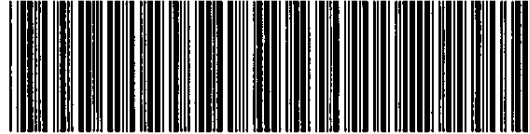
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

7/12/16 Q8



Briana J. O'Neill  
Paralegal  
123 North Wacker Drive  
Suite 1600  
Chicago, Illinois 60606  
Main 312.801.8777  
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Fax 312.801.8767  
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July 7, 2016

VIA FIRST CLASS MAIL

Florida Department of State  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, Florida 32314

**Re: Application by Foreign Limited Liability Company for  
Authorization to Transact Business in Florida**

Dear Sir or Madam,

Enclosed please find a Cover Letter and Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for each of the entities listed below. I have also included a Certificate of Existence from the State of Indiana for each entity.

- FD Group 4 LLC
- FD Group 7 LLC
- FD Group 8 LLC
- FD Group 11 LLC
- FD Group 12 LLC

Enclosed you will also find a check for \$625.00 made payable to the Florida Department of State in connection with the filing fees. Please file the enclosed and return a copy of all the filings to my attention at the address listed above.

Should you have any questions or require anything further, please do not hesitate to contact our office.

Sincerely yours,

**Dubin Singer P.C.**

A handwritten signature in black ink, appearing to read "Briana O'Neill", written over the printed name.

Briana J. O'Neill  
Paralegal

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FD Group 4 LLC, an Indiana limited liability company  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence 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

rdubin@dubinsinger.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Briana O'Neill

312

801-8750

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. FD Group 4 LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. January 2, 2016  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)

5. 875 N. Michigan Avenue, Suite 3612

Chicago, IL 60611  
(Street Address of Principal Office)

6. 875 N. Michigan Avenue, Suite 3612

Chicago, IL 60611  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Marilyn Solomon  
Office Address: 6564 Summeret Court  
Boca Raton, Florida 33496  
(City) (Zip code)

## Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Marilyn Solomon  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

George Novogroder, Manager  
875 N. Michigan Avenue, Suite 3612  
Chicago, IL 60611

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

[Signature]  
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

George Novogroder  
Typed or printed name of signer

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 GROUP 4 LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 12, 2015, and was in existence or authorized to transact business in the State of Indiana on July 06, 2016.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet 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

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

2015081200332 / 201652487

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

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10 JUL 12 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA