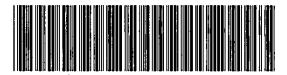
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(Re	equestor's Name)				
(A	ddress)				
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(C	ity/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					
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#### **COVER LETTER**

TO: Registration Section

D	vivision of Corporation	ns					
SUBJECT:	A6 LLC						
_		Name of Limited Liability Company					
The enclos Existence,	ed "Application by For and check are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ted liabilit	ansact Business in Florida, y company to transact busi	" Certificate of iness in Florida	
Please retu	rn all correspondence	concerning this matter to the	following:				
	Joseph P. Adar	nczyk					
		N	ame of Person			<del>-</del>	
	A6 LLC						
	Firm/Company						
	420 8th Avenue						
Address						-	
	La Grange, IL 60525						
	***************************************	City/S	tate and Zip Code		**************************************	-	
	joepadamczyk@	yahoo.com					
		E-mail address: (to be used	d for future annual	report not	tification)	_	
For further	information concernin	g this matter, please call:		•	,		
Jo	oseph P. Adamczyk		312 at (	513	-1358	_	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	-	
Di Ro P.	IAILING ADDRESS: ivision of Corporations egistration Section O. Box 6327 allahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle iee, FL 32301		
	a check for the follow \$125.00 Filing Fee	ing amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	□ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Cof Status & Certified Co		



### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2016

JOSEPH P ADAMCZYK 420 8TH AVENUE LA GRANGE, IL 60525 US

SUBJECT: A6 LLC

Ref. Number: W16000051210

We have received your document for A6 LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 516A00015399

#### 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. A6 LLC				
(Name of Forei A6 Properties LLC	gn Limited Liability Company; me	ist include "Limited Lial	bility Company," "L.L.C.," or	"LLC.")
	ernate name adopted for the purpos or "LLC.")	se of transacting busines	s in Florida. The alternate na	me must include "Limited
2. Delaware	,	3. 81-311849	90	
(Jurisdiction under the law of company is organized)	of which foreign limited liability	<i>3</i>	(FEI number, if applicable	<del>)</del>
4. N/A				
	(Date first transacted busing (See sections 605.0904 & 605	ess in Florida, if prior to	registration.)	_
517961 Bonita Nationa	al B1#537 Bonita Springs, Florid			_
	(544-44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Disciplination		
6. 420 8th Avenue, La Gra	(Street Address of	Principal Office)		
6. 420 om Avenue, La Gia	nge, minois 00323			<u></u>
				_
	(Mailing	Address)		
7. Name and street address	of Florida registered agent: (P	O. Box NOT accept	able)	
Name:	NORTHWEST REGIST	ERED AGENT LLC	• •	(m)
Office Address:	3030 N. Rocky Point I	Drive, STE 150A	_	<b>5</b>
	TAMPA		_, Florida <u>33607</u>	_ \$4 5
Registered agent's accepta	(City)		(Zip code)	
Having been named as reg this application, I hereby a	istered agent and to accept ser ccept the appointment as regis atutes relative to the proper an ion as registered agent.	tered agent and agree ad complete performa	e to act in this capacity. I	further agree to comply n familiar with and accept
-		tered agent's signature)		- Percentary Perior Free
O The manner sixte an account			5 •	
Jaylene Adamczyk, Presi	eity and address of the person(s)	wno nas/nave autnor	ity to manage is/are:	
Joseph P. Adamczyk, Pri	псіраі			
9. Attached is a certificate of jurisdiction under the law of of the translator must be sub-	h. Ch	ays old, duly authentic errificate is in a foreig	n language, a translation o	custody of records in the f the certificate under oath
This document is executed i submitted in a document to t	n accordance with section 605.0 the Department of State constitu	0203 (1) (b), Florida S ntes a third degree felo	statutes. I am aware that any ony as provided for in s.817	y false information .155, F.S.

Typed or printed name of signee

Joseph P. Adamczyk

Page 1

## <u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "A6 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

THIRTIETH DAY OF JUNE, A.D. 2016.



Authentication: 202592090

Date: 06-30-16

6082019 8300 SR# 20164719277