M1600006397

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W16-40431					

Office Use Only



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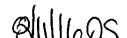
05/31/16--01004--002 **125.00

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 3, 2016

GEORGE L. CEPYNSKY 700 SOUTH RD. LISLE, IL 60532

SUBJECT: DEUT 29:29 LLC Ref. Number: W16000040431

We have received your document for DEUT 29:29 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 616A00011653

STATE STATE

COVER LETTER

Registration Section

TO:

Div	ision of Corporation	ns						
SUBJECT:	Deut 29:29 LLC							
SCECT.		Name of Limited Liability Company						
		reign Limited Liability Comp ed to register the above refer						
Please return	all correspondence	concerning this matter to the	following:					
	George L. Cep	ynsky				•		
	 	N	ame of Person		PEC .	>		
	Deut 29:29 LL	С			All AS	FILED		
		Fi	irm/Company		A C	» E		
	700 South Rd.				TI STA	원 2		
	Address 97 8							
	Lisle, IL 60532	2						
	City/State and Zip Code							
	Bayside245@gn	nail.com						
		E-mail address: (to be used	d for future annual	report not	tification)			
For further in	nformation concerning	ng this matter, please call:						
Geo	orge L. Cepynsky		630 at (240-98	32			
	Name e	of Contact Person	Area Code	Day	rtime Telephone Number			
Div Reg P.C	rision of Corporation gistration Section D. Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	of Corporations ion Section duilding ecutive Center Circle see, FL 32301			
	a check for the follow \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Ce of Status & Certified Con			

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:

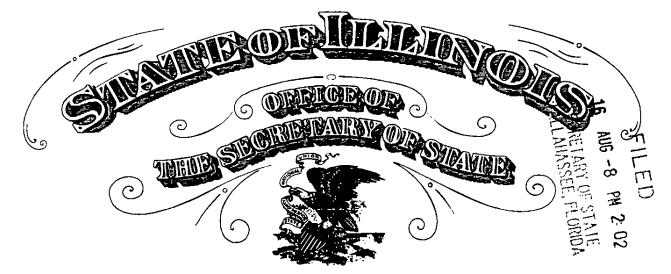
Deut 29:29 LLC	SINESS IN THE STATE OF FLORIDA.		
(Name of Fore	ign Limited Liability Company; must include "Limi	ited Liability Company," "L.L.C.," or	"LLC.")
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose of transacting 'or "LLC.")	business in Florida. The alternate nam	ne must include "Limited
2. State of IL	3. 81-221	16512	
(Jurisdiction under the law company is organized)	(FEI number, if applicable)		
4. 06/18/2016			
4.	(Date first transacted business in Florida, if (See sections 605.0904 & 605.0905, F.S. to do	prior to registration.)	-
5. 245 South Point Dr	(See Sections 603.0704 & 603.0703, P.S. to d	etermine penatty nabitity;	_
Sugarloaf Key, FL 330	42		TAS S
	(Street Address of Principal Office)	- E0
6. 700 South Rd			
Lisle, 1L 60532			IVANY C
	(Mailing Address)		
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT	'acceptable)	0 × ×
Name:	Natalie Cepynsky	<u> </u>	夏帝 8
Office Address:	245 South Point Dr		
	Sugarloaf Key	, Florida <u>33042</u>	
	(City)	(Zip code)	-
designated in this applica to complywith the provisi	gistered agent and to accept service of procession, I hereby accept the appointment as registons of all statutes relative to the proper and compy position as registered agent. (Registered agent' sage	tered agent and agree to act in the omplete performance of my duties	is capacity. I further agree
8. The name, title or capa	city and address of the person(s) who has/have	e authority to manage is/are:	
Karyn Slomski, Operation	s Manager 2538 Wisconsin Ave Downers Gro	ve, IL 60515 (630)515-9100 ext 7	02
Tegan Olowookere, Admi	n Assistant 2538 Wisconsin Ave Downers Gro	ove, IL 60515 (630)515-9100 ext 7	15
jurisdiction under the law of the translator must be so This document is executed	Signature of an authorized in accordance with section 605.0203 (1) (b), F	a foreign language, a translation o	f the certificate under oath - y false information
	in accordance with section 605.0203 (1) (b), For the Department of State constitutes a third degrated in the Department of State constitutes as the degrated in the Department of State constitutes as the Department		

Typed or printed name of signee

George Cepynsky

File Number

0576084-4



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

DEUT 29:29 LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 13, 2016, 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 28TH

day of JULY A.D. 2016

Authentication #: 1621002272 verifiable until 07/28/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE