M1600006965

(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:						
W16000056974	_					

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2016

KURT KAUFFMAN 414 N. ORLEANS ST, STE 210 CHICAGO, IL 60654

SUBJECT: FEG SAWGRASS, LLC Ref. Number: W16000056974

We have received your document for FEG SAWGRASS, 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):

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.

Octavia I Simmons Regulatory Specialist II

Letter Number: 316A00017353

RECEIVE

COVER LETTER

	FEG Sawgrass, LLC					
object	Name of Limited Liability Company					
					insact Business in Florida," Certifica company to transact business in Fl	
ease return a	ıll correspondence	concerning this matter to the	following:			
	Kurt Kauffman					
		N:	ame of Person			
	Krauskopf Kau	ffman, P.C.				
	Firm/Company					
	414 N. Orleans St., Suite 210					
	Address					
	Chicago, Illino	is 60654				
		City/S	tate and Zip Code			
	kkauffman@stul					
		E-mail address: (to be used	d for future annual	report not	ification)	
or further info	ormation concerning	g this matter, please call:				
Kurt	Kauffman		312 at (377-959	92	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Divis Regis P.O. I	LING ADDRESS: sion of Corporation: stration Section Box 6327 hassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
	check for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin	ig Fee &	☐ \$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 POLLOWING IS SUBMITTED TO REGISTER A FOREIGN "LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FEG Sawgrass, 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,") Delaware 81-3521580 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2608 Sawgrass Mills Circle, Suite 1303 Sunrise, Florida 33323 (Street Address of Principal Office) 1265 Hamilton Parkway Itasca, Illinois 60143 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays St Office Address: Tallahassee . Florida 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 complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are; George Smith Mana 1265 Hamilton Parkway Itasca, Illinois 60143 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) 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.

Typed or printed name of signce



Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "FEG SAWGRASS, 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 TWENTY-FIFTH DAY OF AUGUST, A.D. 2016.



Authentication: 202891113

Date: 08-25-16

6116764 8300 SR# 20165527134