

MI6000007502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

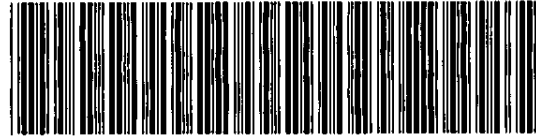
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800290380828

RECEIVED  
DEPARTMENT OF STATE  
16 SEP 21 AM 10:51

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 SEP 21 AM 8:32

D. SCOTT

SEP 22 2016

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 297358 7934621

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : September 20, 2016

ORDER TIME : 2:33 PM

ORDER NO. : 297358-005

CUSTOMER NO: 7934621

FOREIGN FILINGS

NAME: TORBURN MANAGEMENT, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: \_\_\_\_\_

FILED  
16 SEP 21 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TOBURN MANAGEMENT, LLC**

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:

MICHAEL K. BURNS

Name of Person

TORBURN MANAGEMENT, LLC

Firm/Company

1033 SKOKIE BLVD, SUITE 480

Address

NORTHBROOK, IL 60062-4143

City/State and Zip Code

MBURNS@TORBURN.COM

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

For further information concerning this matter, please call:

SCOTT A. WEISENBERG

312

374-4203

at ( )

Name of Contact Person

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

FILED  
16 SEP 21 AM 8:32  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1033 SKOKIE BLVD, SUITE 480  
NORTHBROOK, IL 60062-4143  
(Street Address of Principal Office)

6. 1033 SKOKIE BLVD, SUITE 480  
NORTHBROOK, IL 60062-4143  
(Mailing Address)

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

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.

By: M. Zender Melissa Zender  
(Registered agent's signature) Asst. Vice President

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

MICHAEL K. BURNS- MANAGER  
1033 SKOKIE BLVD, SUITE 480  
NORTHBROOK, IL 60062-4143

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

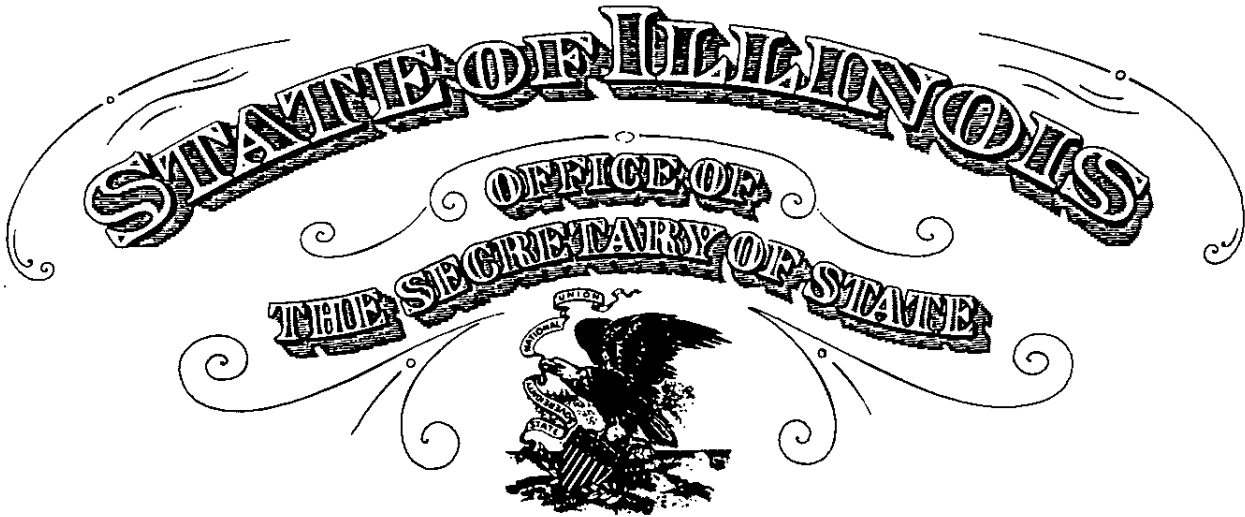
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

MICHAEL K. BURNS  
Typed or printed name of signer

FILED  
16 SEP 21 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

File Number

0592379-4



**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*

TORBURN MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 12, 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 20TH*  
*day of SEPTEMBER A.D. 2016 .*

*Jesse White*

SECRETARY OF STATE

Authentication #: 1626402854 verifiable until 09/20/2017

Authenticate at: <http://www.cyberdriveillinois.com>

FILED  
16 SEP 21 AM 8:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA