Division of Corporations



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Division of Corporations

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### Foreign Limited Liability Company 908 S. Freemont, LLC.

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OCT 1 2 2016

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Help.

#### COVER LETTER

TO:		ration Section on of Corporation	s					
SUBJE		08 S. Fremont, LL	C					
		Nume of Limited Liability Company						
The enc Existence	losed #A	Application by Fore theck are submitted	eign Limited Liability Comp I to register the above refere	any for Authoriza nced foreign limit	tion to Tran ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida	
Please r	cturn all	correspondence o	oncerning this matter to the f	following:				
		John M. Ervin.	Esq.					
Name of Person								
	Shutts & Bowen LLP							
	46 N. Washington Blvd., Suite 1							
				Address				
		Sarasota, FL 34	236					
			City/St	ate and Zip Code				
		kristina@kristina						
			E-mail address: (to be used	l for future annual	report noti	fication)		
For furt	her info	mation concerning	g this matter, please call.					
John M. Ervin, Esq		941 at (	552-377	73				
		Name o	f Contact Person	Area Code	Dayı	ime Telephone Number		
	Division Registr P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327 assee, FL 32314			Division of Registration Clifton Bu 2661 Exec	ADDRESS: of Corporations on Section ailding cutive Center Circle ce, FL 32301		
Enclose		neck for the follow 5.00 Filing Fec	ing amount:  \$\frac{1}{2}\$130.00 Filing Fee &  Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	■ \$160.00 Filing Fee, C of Status & Certified Cop		

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

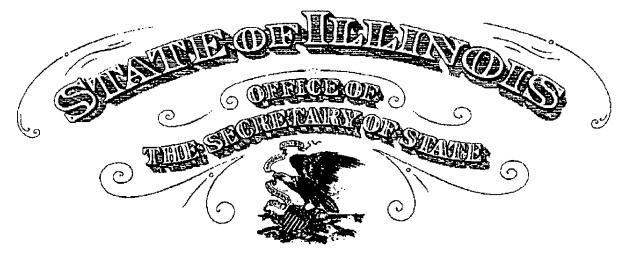
IN COMPLIANCE WITH SECTION 605/0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA:

, 908 S. Fremont, LLC.						
(Name of Fore	ign Limited Liability Company;	must include "Lit	nucd Liability Company, "L	.L.C" or "LLC"	')	
(If name unavailable, enter al Liability Company," "L.L.C.,"	ternate name adopted for the pur	pose of transactin	g business in Florida. The alt	emate name must	include "Limit	æd
2 Illinois		3. 81-49	008440			
	of which foreign limited liability		(FEI number, if a	ipplicable)		
4	(Date first transacted bu	siness in Florida	if prior to registration )			
	(See sections 605,0904 & )	605.0905, F.S. to	if prior to registration) determine penalty liability)			
5. 161 W. Kinzie Street,	¥1702					
Chicago, IL 60654					······	
		of Principal Offic	ce)		5	
6. 161 W. Kinzie Street, #	11702 				OCT SICH	1
Chicago, IL 60654					エ コ 0 ー	
	(Maili	ng Address)		<del></del>	12 or c	1
7. Name and street addres	s of Florida registered agent:	(P.O. Box <u>NO</u>	T_acceptable)			[][
Name:	CT Corporation System				16 OCT 12 AH 8: 35	U
Office Address:	1200 South Pine Island Roa	d			35	
	Plantation		Florida 33324		• • •	
	(City)	 )		code)		
designated in this applica to comply with the provisi	gistered agent and to accept tion, I hereby accept the app ons of all statutes relative to my position as registered age	ointment as reg the proper and	istered agent and agree to	act in this capa my duties, and	icity. I furthe	r agree
	(Re	gistered agent's s		<del></del>		
_	neity and address of the person		ve authority to manage is/a	are;		
Kristina Curtis, as Manag	er of Curtis Management, LL	.C.,			<del></del>	
161 W. Kinzie Street, #17	702	****				
Chicago, IL 60654						
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 of which it is organized. (If the abmitted)	O days old, duly	authenticated by the offici n a foreign language, a tra	al having custed uslation of the c	ly of records in	n the r oath
	Signa	uure of an authori	zed person			
This document is executed submitted in a document to	in accordance with section 6 of the Department of State con-	05,0203 (1) (b),	Florida Statutes Fam awa	re that any false or in s.817.155, l	information F.S	
	•	Kristina Cu				

Typed or printed name of signee

### File Number

0596954-9



## 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

908 S. FREMONT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 30, 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 10TH day of OCTOBER A.D. 2016.

Authentication #: 1628401750 verifiable until 10/10/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

To: Page 4 of 7

2016-10-12 10:47:25 CST

19542080845 From: Ranae McGraw

850-617-6381

10/12/2016 9:09:14 AM PAGE 1/001 Fax Server



October 12, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324

SUBJECT: 908 S. FREEMONT, LLC

REF: W16000069817

We have received your document for 908 S. FREEMONT, 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):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

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

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FAX Aud. #: E16000251083 Letter Number: 916A00021918