# W10000000836

(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone :	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

STERLING LUMBER COMPANY, LLC SUBJECT:							
Name of Limited Liability Company							
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida,' Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."	" Certificate of ness in Florida						
Please return all correspondence concerning this matter to the following:							
MARC HARDIN							
Name of Person	-						
STERLING LUMBER COMPANY, LLC							
Firm/Company	-						
501 E. 151st ST.							
Address							
PHOENIX, IL 60426							
City/State and Zip Code	-						
TAX@STERLINGLUMBER.COM	_						
E-mail address: (to be used for future annual report notification)	-						
For further information concerning this matter, please call:							
MARC HARDIN 708 388-2223 at (							
Name of Contact Person Area Code Daytime Telephone Number	-						
MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301							
Enclosed is a check for the following amount:  \$\Begin{array} \pm\$125.00 Filing Fee & \Begin{array} \Pm\$\$ \$\$130.00 Filing Fee & \Begin{array} \Pm\$\$ \$\$155.00 Filing Fee & \Begin{array} \Pm\$\$ \$\$\$\$ \$\$160.00 Filing Fee, C \\  Certificate of Status & Certified Copy & of Status & Certified Copy \end{array}\$							

## 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 ITABILITY. COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

COMPANYTO TRANSACT BU	ASINESS IN THE STATE (	OF FLORIDA:			
1. STERLING LUMBER					
(Name of Fore	ign Limited Liability Co	ompany; must include	"Limited Liability Compa	nny," 'L.L.C.," or "LLC.")	<del></del>
(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted fo	or the purpose of trans	acting business in Florida.	The alternate name must incl	ude "Limited
2. ILLINOIS		3 3	6-3735813		
(Jurisdiction under the law company is organized)	of which foreign limited	l liability	(FEI num	ber, if applicable)	
4. N/A					
	(Date first trans (See sections 605.	acted business in Flor 0904 & 605,0905, F.	rida, if prior to registration S. to determine penalty liab	.) pility)	
5. STERLING LUMBER					
501 E. 151st ST., PHO	ENIX, IL 60426			7 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	man.
<del></del>	,	Address of Principal	Office)		I Sarkan
6. STERLING LUMBER	COMPANY, LLC				' m
501 E. 151st ST., PHO	ENIX, IL 60426			TA I	
	<del></del>	(Mailing Address)			p p
7. Name and street addres	s of Florida registered	d agent: (P.O. Box	NOT acceptable)	25 S	<u> </u>
Name:	INCORP SERVICE	S. INC.		<b>&gt;</b>	•
Office Address:	17888 67TH COUR	T NORTH			
	LOXAHATCHEE		, Florida	33470	
Registered agent's accep		(City)		(Zip code)	
Having been named as redesignated in this applicate to complywith the provision accept the obligations of a second to the comply with the provision accept the obligations of a second the complete the	tion, I hereby accept to the statutes relative to the statutes relative to the statutes relative to the statutes relative to the statutes and address of the statute to the	the appointment as attree to the proper a agent.  (Registered agent are person(s) who has	registered agent and agent age	gree to act in this capacity nce of my duties, and I am n on behalf of InCorp Se	. I further agree : familiar with ar
				(012/	
CHRISTIAN STERLING			DIST ST., PHOENIX. IL	00426	
ROBERT LARRY, CFO	501 E. 151st ST., PH	OENIX, IL 60426			
<ol> <li>Attached is a certificate jurisdiction under the law of of the translator must be su</li> </ol>	of which it is organize	than 90 days old, ded. (If the certificate  Signature of paraut	is in a foreign language	official having custody of , a translation of the certifi	records in the cate under oath
		Signature of bardust	horized nerson		
restata di manazione		Organizate Organ aut	no and person		
This document is executed submitted in a document to				m aware that any false info ided for in s.817.155, F.S.	rmation

Typed or printed name of signee

**CHRISTIAN STERLING** 

#### File Number

0585209-9



### 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

STERLING LUMBER COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 21, 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 23RD

day of JANUARY A.D. 2017 .

Authentication #: 1702302268 verifiable until 01/23/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE