

MI7000002161

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAR 15 2017



From the Desk of:
Chris Schultheis

(312) 621-9700
cschultheis@beermannlaw.com

March 9, 2017

VIA U.S. MAIL

Florida Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: LGenings, LLC – Registration documents
Our File No.: 1713-001

To whom it may concern:

Enclosed please find the following documents regarding LGenings, LLC:

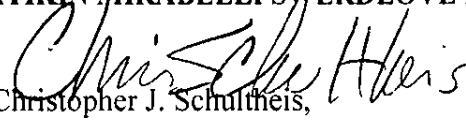
1. Registration Section Division of Corporations Cover Letter;
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
3. Delaware Certificate of Good Standing dated March 3, 2017; and
4. Filing fee check in the amount of \$125.00.

Please register LGenings, LLC with the Florida Division of Corporations.

If you have any questions regarding this matter, please feel free to contact me.

Very Truly Yours,

BEERMANN PRITIKIN MIRABELLI SWERDLOVE LLP


Christopher J. Schultheis,
Paralegal

SP/cjs
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LGENINGS, 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:

LYLE S. GENIN

Name of Person

BEERMANN PRITKIN MIRABELLI SWERDLOVE LLP

Firm/Company

161 N. CLARK STREET, SUITE 2600

Address

CHICAGO, ILLINOIS 60601

City/State and Zip Code

CORPORATEPARALEGAL@BEERMANNLAW.COM

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

For further information concerning this matter, please call:

LYLE S. GENIN OR STEFANIA PIALIS

Name of Contact Person

312

at (_____) _____

Area Code

621-9700

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

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. LGENINGS, 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. DELAWARE 3. 82-0673956
(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. 5300 BROKEN SOUND BLVD. NW, SUITE 110
BOCA RATON, FLORIDA 33487
(Street Address of Principal Office)

6. 161 N. CLARK STREET, SUITE 2600
CHICAGO, ILLINOIS 60601
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: CT CORPORATION SYSTEM
Office Address: 1200 SOUTH PINE ISLAND ROAD
PLANTATION, Florida 33324
(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.

James M. Halpin
Assistant Secretary
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
JEFFREY A. LEVITETZ, MGR, 5300 BROKEN SOUND BLVD. NW, SUITE 110, BOCA RATON, FL 33487
ALAN RUTNER, PRES./SEC., 5300 BROKEN SOUND BLVD. NW, SUITE 110, BOCA RATON, FL 33487
LYLE S. GENIN, ASSISTANT SEC., 161 N. CLARK STREET, SUITE 2600, CHICAGO, IL 60601

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.

Lyle S. Genin, Assistant Secretary
Typed or printed name of signer

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2017 MAR 13 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LGENINGS, 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 THIRD DAY OF MARCH, A.D. 2017.

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2017 MAR 13 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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SR# 20171573685

You may verify this certificate online at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State

Authentication: 202136841

Date: 03-03-17