(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
(Boodine Namber)							
Certified Copies Certificates of Status							
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MAR 2 7 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 569057 11186A

AUTHORIZATION :

COST LIMIT : \$ 130.00 Media

ORDER DATE: March 24, 2017

ORDER TIME : 12:24 PM

ORDER NO. : 569057-005

CUSTOMER NO: 11186A

FOREIGN FILINGS

NAME: LINWAY ESTATES VILLAGE LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

	gistration Section rision of Corporatio	ns							
CUBINOS.	LINWAY ESTATI	ES VILLAGE LLC							
SUBJECT:		Name of	Limited Liability C	ompany					
The enclosed Existence, ar	d "Application by Fond check are submitted	reign Limited Liability Comp ed to register the above refero	oany for Authorizat enced foreign limit	ion to Tra d liability	insact Business in Florida," Certificate or company to transact business in Florida				
Please return	all correspondence	concerning this matter to the	following:						
	Scott E. Gordo	on, Esq.							
		N	ame of Person						
	Lutz, Bobo &	Telfair							
	Firm/Company								
	2 N. Tamiami Trail, Suite 500								
			Address						
	Sarasota, FL 3	4236							
	<u></u>	City/S	tate and Zip Code	· · · · · ·					
	sgordon@lutzbo	obo.com							
		E-mail address: (to be use	d for future annual	report not	ification)				
For further is	nformation concerni	ng this matter, please call:							
Scott E. Gordon		941 at (951-18)	00					
	Name	of Contact Person	Area Code	Day	rtime Telephone Number				
Div Reg P,C	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						
	a check for the follow \$125.00 Filing Fee	wing amount: \$\frac{1}{2}\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	ig Fee &	☐ \$160.00 Filing Fce, 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. LINWAY ESTATES V	cign Limited Liability Company; mus	st include "Limited I	Liability Compar	ıy," "L.L.C. <u>.</u> "	or "LLC.")		
(If name unavailable, enter al Liability Company," "L.L.C,	lternate name adopted for the purpose " or "LLC.")	e of transacting busin	ness in Florida.	The alternate i	name must includ	e "Limi	ited
2. DELAWARE	7						
(Jurisdiction under the law company is organized)	er, if applicat	ole)	-8*8**8*******				
4. April 1, 2017							
	(Date first transacted busine (See sections 605.0904 & 605.	ss in Florida, if prior	to registration.)	lity)			
5. 6547 N. Avondale Avo							
Chicago, IL 60631							
	(Street Address of F	rincipal Office)					
6. 6547 N. Avondale Ave	nue, Suite 301				· · · · · · · · · · · · · · · · · · ·		
Chicago, IL 60631			7				
	(Mailing A	Address)	·		11.2 2.4:	3	
7. Name and street addres	ss of Florida registered agent: (P.	O. Box NOT acce	ptable)				
Name:	NRAI SERVICES, INC.					2	, ;
Office Address:	1200 South Pine Island Road				<u> </u>	*	* ****
	Plantation		, Florida _	3324	7 m 1	<u>+</u>	
	(City)		, Plofida	(Zip code)			
Registered agent's accep	tance:					4.45	
designated in this applica	gistered agent and to accept serv tion, I hereby accept the appoint ons of all statutes relative to the j	tment as registered	i agent and ag	ree to act in	this capacity.	I furth	er agree
	ons of all suitales relative to the f my position as registered agent. NRAI SERVICES, INC.	proper una compa	eie perjorman	Le of my au	Cristina Lam		17 17 1631 5470
	By:	Ca	/	1	Vice Presiden	t	
	(Regist	ered agent's signatur	(c)				
8. The name, title or caps	ecity and address of the person(s)	who has/have auth	nority to manag	e is/are:			
-	Manager, 6547 N. Avondale Aver						
9. Attached is a certificate	of existence, no more than 90 day of which it is organized. (If the co	ys old, duly auther	ticated by the	official havi	ng custody of re	cords i	in the er oath
of the translator must be si		Attricate is in a for	eign mitgunge,	a translation	TOT LIC CONTINCE	ne dila	or oaut
	Stenature	of an authorized per	son				
net de anne de la company		-		a aumr- th-t	any false info	nation	
unis document is executed submitted in a document to	I in accordance with section 605.0 the Department of State constitu	ites a third degree !	ia statutes, i an felony as provid	n aware mat ded for in s.8	any taise bittorn 317.155, F.S.	idtiVII	
	EDWARD C. ZEMAN	J	- ·				

Typed or printed name of signee

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "LINWAY ESTATES VILLAGE 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-FOURTH DAY OF MARCH, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINWAY ESTATES"

VILLAGE LLC" WAS FORMED ON THE THIRD DAY OF MAY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202258728

Date: 03-24-17

3798100 8300 SR# 20171995571