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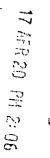
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| W17. 28928 |

Office Use Only



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O SIMMONS APR 21 2017



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 5, 2017

ELIZABETH MIETUS 14605 W 131ST STREET **LEMONT, IL 60439**

SUBJECT: EMPYREAL PROPERTIES, L.L.C.

Ref. Number: W17000028928

We have received your document for EMPYREAL PROPERTIES, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 217A00006545

COVER LETTER

| TO: Registration Section Division of Corporatio | ns | | |
|--|--|---|--|
| SUBJECT: Em | pyreal Proper | ties L.L.C. Limited Liability Compar | ру |
| The enclosed "Application by Fo Existence, and check are submitted." | reign Limited Liability Comp ed to register the above refer | oany for Authorization to enced foreign limited liab | Transact Business in Florida," Certificate of ility company to transact business in Florida |
| Please return all correspondence | concerning this matter to the | following: | |
| , | Elizabeth | Mietus ame of Person | |
| | Empyreal Pr | TOPPITIES, LL.C | ··· <u> </u> |
| | 14605 W. 13 | ST ST. Address | <u></u> |
| - | Lemont, IL | 60439 tate and Zip Code | |
| £~ | pyreal Properti E-mail address: (16 be used | esLLC @ amai | notification) |
| For further information concerning | g this matter, please call: | | |
| <u>Elizabett</u> | Mietus of Contact Person | at (<u>630</u>) Area Code E | 327-4684 Daytime Telephone Number |
| MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 | | Divisio Registi Cliftor 2661 E | ET ADDRESS: on of Corporations ration Section a Building Executive Center Circle assee, FL 32301 |
| Enclosed is a check for the follow ☐ \$125.00 Filing Fee | ring amount: □ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy | *\$160.00 Filing Fee, Certificate of Status & Certified Copy |

File Number

0379656-6



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

EMPYREAL PROPERTIES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 12, 2011, 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 24TH

day of MARCH A.D. 2017

Authentication #: 1708301560 verifiable until 03/24/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE

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

| COMPANY TO TRANSACT BU | USINESS INTHE STATE | EOF FLORIDA: | OLLOWING IS SUBMITTE. | | OREIGN LIMITED LIABILITY . LLC.") |
|--|---|---|--|--|--|
| (If name unavailable, enter a Liability Company," "L.L.C. | ," or "LLC.") | | sacting business in Flori 45 - 40 (FEI n | | |
| (Jurisdiction under the law company is organized) | of which foreign limite | ed liability | (FEI n | umber, if applicable) | |
| 4 514605 | <u>. W. 131sт S</u> | STREET | orida, if prior to registrati S. to determine penalty | | |
| Lemor | 1+, 1L 60 (Street | 439 et Address of Principal | Office) | | |
| 6. <u>1460</u> : | 5 W. 131st | STREET | | | * == |
| Lemo | ont, 1L 6 | 0439 (Mailing Address) | | | 7 High 20 |
| 7. Name and street address | ss of Florida register | ed agent: (P.O. Box | NOT acceptable) | | 2 |
| Name: | Registered Agent | ts Inc. | | | |
| Office Address: | 3030 N. Rocky | Point Dr. STE | 150A | | 6 |
| | Tampa | | , Florid | (Zip code) | |
| | egistered agent and to tion, I hereby accept ons of all statutes re | t the appointment a. lative to the proper | s registered agent and and complete perforn | stated limited liabili agree to act in this | ty company at the place capacity. I further agree and I am familiar with and |
| 8. The name, title or capa | acity and address of t | he person(s) who ha | s/have authority to ma | nage is/are: | |
| Elizabeth r Christina Ble | | | | | (MANAGER) |
| <u> </u> | | J VV. 13[5] | J. Lemon | , (L (00 4 - | 77 (1111011) |
| 9. Attached is a certificate turisdiction under the law of the translator must be so | of which it is organiz | sed. (If the certificate | e is in a foreign langua Lietus thorized person | ge, a translation of t | he certificate under oath |
| This document is executed submitted in a document to | in accordance with some the Department of S | section 605,0203 (1) State constitutes a thi | (b), Florida Statutes, rd degree felony as pro | I am aware that any fovided for in s.817.1 | taise information 55, F.S. |
| | Eliza | beth A. I | Nietus ame of signee | | |