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COVER LETTER

TO:	Registration Section
	Division of Corporations

Enclosed is a check for the following amount:

■ \$130.00 Filing Fee &

Certificate of Status

□ \$125.00 Filing Fee

SUBJECT: MWORKS ARCHITECTS, 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 foll	owing:
Steven Carlyle Cronic]
Name	of Person
Hinshaw & Culbertson	n LLP
Firm/	Company
2525 Ponce de Leon	Boulevard, Fourth Floor
A	ddress
Coral Gables, FL 331	34
City/State	and Zip Code
scc@hinshawlaw.com	
E-mail address: (to be used fo	r future annual report notification)
For further information concerning this matter, please call:	
Linda Zagray	, ₍ 305 \ 428-5065
Name of Contact Person	Area Code 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

□ \$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:

	unite adopted for the purpose of parsacting business in		alability Company," "L.L.C," or "LI C	T.")
2. ILLINOIS (Jurisdiction under the law of w	high foreign limited liability company is organized)	3. 26-3338376 (FEI wo	unber, if applicable)	
	,	,		
4. April 21, 2017	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det	x (o registration)		
000 1414 Oblin Otto				
5. 209 West Ohio Stre	Principal Office)	6. 209 West Ohio Street		
Suite 300	•	Sulte 300	5 40-	<u>ه</u> ي
Chicago, IL 60654		Chicago, IL 60654		7
		·	≱ ≈	A -
7. Name and street addres	ss of Florida registered agent: (P.O. E	Box NOT acceptable)	IASA MATA	APR 26
Mana	Steven Carlyle Cronig		, XX	م آ
Name:			m Q	PH
Office Address:	2525 Ponce de Leon Boulevard	d, Fourth Floor	F-S	2
	Coral Gables	, Florida 33134		90 :
Registered agent's accep	(City)	(Zip c	ode) Qmi	တ
to comply with the provisi	ition, I hereby accapt the appointmentions of all statutes relative to the project of the projec	of process for the above stated limits it av registered agent and agree to a for and complete performance of m	et in this capacity. I furth	er agree
to comply with the provisi	ions of all statutes relative to the pro	of a registered agent and agree to a for and complete performance of m	et in this capacity. I furth	er agree
to comply with the provisional accept the obligation 8. The name, title or capi	s of my position as registered grant. (Registered age acity and address of the person(s) who	of as registered agent and agree to acher and complete performance of m	ct in this capacity. I furth y duties, and I am familia 	er agree
to comply with the provisional accept the obligation 8. The name, title or captains and accept the obligation	acity and address of the person(s) who	of a registered agent and agree to a confer and complete performance of m	ct in this capacity. I furth y duties, and I am familia 	er agree
to comply with the provisional accept the obligation 8. The name, title or capi	acity and address of the person(s) who Name and Address: William Motley	of as registered agent and agree to acher and complete performance of m	ct in this capacity. I furth y duties, and I am familia 	er agree
to comply with the provisional accept the obligation 8. The name, title or captains and accept the obligation	acity and address of the person(s) who	of as registered agent and agree to acher and complete performance of m	ct in this capacity. I furth y duties, and I am familia 	er agree
to comply with the provisional accept the obligation 8. The name, title or captains and accept the obligation	acity and address of the person(s) who Name and Address: William Motley 200 West One Street, Side 200	of as registered agent and agree to acher and complete performance of m	ct in this capacity. I furth y duties, and I am familia 	er agree
to comply with the provisional accept the obligation 8. The name, title or captains and accept the obligation	acity and address of the person(s) who Name and Address: William Motley 200 West One Street, Side 200	of as registered agent and agree to acher and complete performance of m	ct in this capacity. I furth y duties, and I am familia 	er agree
to comply with the provisional accept the obligation 8. The name, title or captains and accept the obligation	acity and address of the person(s) who Name and Address: William Motley 200 West One Street, Side 200	of as registered agent and agree to acher and complete performance of m	ct in this capacity. I furth y duties, and I am familia 	er agree
to comply with the provisional accept the obligation 8. The name, title or caparity: Manager	acity and address of the person(s) who Name and Address: William Motley 203 West Once Street, State 300 Chicago, IL 50054	of as registered agent and agree to acher and complete performance of m	ct in this capacity. I furth y duties, and I am familia 	er agree
to comply with the provisional accept the obligation 8. The name, title or caparities or Capacity: Manager (Use attachments if neces	ions of all statutes relative to the property of the property of the property of the person of the p	of a registered agent and agree to acher and complete performance of in	ct in this capacity. I furth y duties, and I am familia Name and Address:	er agree r with
8. The name, title or caparities or Capacity: Manager (Use attachments if necess 9. Attached is a certificate	acity and address of the person(s) who Name and Address; William Motley 200 West Onto Street, Style 200 Chicago, It. 80054	of a registered agent and agree to acher and complete performance of in the stantary) has/have authority to manage is/are: Title or Capacity:	ct in this capacity. I furth y duties, and I am familia Name and Address:	er agree r with
8. The name, title or caparities or Capacity: Manager (Use attachments if necess 9. Attached is a certificate	acity and address of the person(s) who Name and Address: William Motley 200 West Onto Street, Style 300 Chicago, It 80054	of a registered agent and agree to acher and complete performance of in the stantary) has/have authority to manage is/are: Title or Capacity:	ct in this capacity. I furth y duties, and I am familia Name and Address:	er agree r with
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8. The name, title or caparity: Manager (Use attachments if necessing the translator must be seen as the translator must b	acity and address of the person(s) who Name and Address: William Motley 200 West Onto Street, Style 300 Chicago, It 80054	it av registered agent and agree to acher and complete performance of in the standard of the s	ct in this capacity. I furth y duties, and I am familia Name and Address: Name and Address: having custody of records ation of the certificate und	er agree r with

Typed or printed name of signes



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

MWORKS ARCHITECTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 19, 2005, 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 21ST

day of

APRIL

A.D.

2017

Authentication #: 1711100574 verifiable until 04/21/2018
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE