M17000004714

(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. Ly from Cap transletted Little Capacity from Cap app.				
25 WIN -325/3				

Office Use Only



900297899159

08/01/17--01027--001 **51.25

04/13/17--01011--030 **78.75

17 HY 30 FH 2:05



Division of Corporations

April 14, 2017

KRISTINA HOWARD 156 N MAIN ST EDWARDSVILLE, IL 62025

SUBJECT: GORI REALTORS, LLC Ref. Number: W17000032573

We have received your document for GORI REALTORS, LLC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$51.25.

The form you submitted is for a CORPORATION, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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

Octavia I Simmons Regulatory Specialist II

Letter Number: 317A00007336

COVER LETTER

	Registration Section Division of Corporation	s			
SUBJEC	r: Gor	i Real-to Name of I	CS LLC		
				nsact Business in Florida," Certificate of company to transact business in Florida	
Please return all correspondence concerning this matter to the following:					
	K	istua Hi	ouard		
Name of Person					
Gori Real tors, LLC					
Firm/Company					
224 S Main Street					
Address					
Edwardsville, 16 62025					
City/State and Zip Code					
E-mail address (to be used for future annual report notification)					
For further information concerning this matter, please call:					
For further information concerning this matter, please can:					
_	Kristina Name o	Howard f Contact Person	at (Area Code) Day	time Telephone Number	
ŗ	MAILING ADDRESS:		STREET	`ADDRESS:	
Ī	Division of Corporations	,	Division	of Corporations	
	Registration Section 2.O. Box 6327		Registrat Clifton B	ion Section	
	Fallahassee, FL 32314		2661 Exc	ecutive Center Circle see, FL 32301	
Enclosed is a check for the following amount:					
ľ	\$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 $\dot{}$ IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA: 101 Keal +0.5 , LLC	A FOREIGN LIMITED LIABILITY
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," of	or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate national Liability Company," "L.L.C," or "LLC.") 81-537103	ame must include "Limited
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable company is organized)	<u>e)</u>
4. 3/23/20 T (Date first transacted business in Florida, if prior to registration.)	_
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	
5	
(Street Address of Principal Office)	- Carlo
6. 224 J Main Street	- Z
Edwardsville 16 62025	
(Mailing Address)	Pi
7. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	r.)
Name: A KY WAT KIND	<u> </u>
Office Address: All Beach Side Urive	912
Vero (Xach , Florida 530	
(City) (Zip code) Registered agent's acceptance:	
Having been named as registered agent and to accept service of process for the above stated limited lia designated in this application, I hereby accept the appointment as registered agent and agree to act in to complywith the provisions of all statutes relative to the proper and complete performance of my duticacept the obligations of my position of registered agent.	his capacity. I further agree
and Walkers	
Registered agent's signature)	_
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Rauly Gray Gray Gray Gray Gray Gray Gray Gra	rdsville 16 12025
PKristin Howard 5BU Schmidt Rd Bri	grdsville 16 62025
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having jurisdiction under the law of which it is organized. (If the tertificate is in a foreign language, a translation of the translator must be submitted) Signature of an authorized person	
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that a submitted in a document to the Department of State constitutes a third degree felony as proyided for in s.8	

Typed or printed name of signce

File Number

0602051-8



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

GORI REALTORS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 14, 2017, 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** 2017

day of MARCH A.D.

Authentication #: 1708201838 verifiable until 03/23/2018 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE