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17 JUN 20 AH 8: 23
DIVISION OF CORPORATIONS

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2017 JUN 20 PH 4: 20

O SIMMONS. JUN 2 1 2017 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : IX	20000000195
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REFERENCE : 6,92726 8026395

AUTHORIZATION CAPULORIE

COST LIMIT : \$ 125.00

ORDER DATE: June 20, 2017

ORDER TIME : 3:43 PM

ORDER NO. : 692726-005

CUSTOMER NO: 8026395

FOREIGN FILINGS

NAME: GIGI'S PLAYHOUSE - FORT MYERS,

LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

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

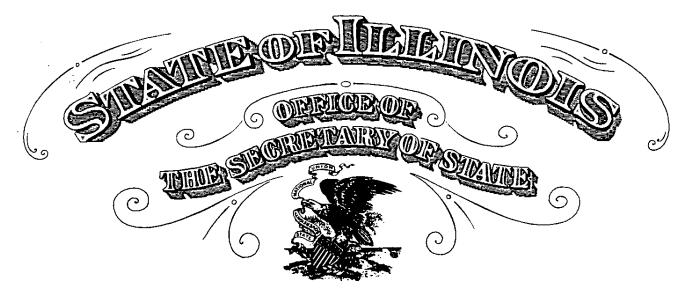
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	n Limited Liability Company; must include "Lim	nited 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 "Lin	mited Liability Company," "L.L.C," or "LLC.")	
2. Illinois		3.		
(Jurisdiction under the law of	which foreign limited liability company is organized)	(FEI number, if applicable)	
4. March 1, 2017				
	(Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to dete	r to registration.) ermine penalty hability)		
5. 6181 Metro Plantat	ion Rd.	6. 6181 Metro Planta	tion Rd.	
(Street Address of Principal Office)		(Mailing Address)		
Fort Myers, FL 339	966	Fort Myers, FL 33	966	
**************************************		, <u> </u>		
			<u> </u>	
7. Name and street addre	ess of Florida registered agent: (P.O. B	lox NOT acceptable)	Sion Si	
Managa	Corporation Service Company		TIM 20 AH 8: 23 JIM SION OF CORPORATIONS (Zip code)	
Name:			2 71	
Office Address:	1201 Hays Street		\$ 3 3 4	
	Tallahassee	, Florida 323	CORPOGATION 23	
	(City)	, Florida	(Zip code)	
to comply with the provi	sions of all statutes relative to the proj	it as registered agent and agree per and complete performance	limited liability company at the place to act in this capacity. I further agre of my duties, and I am familiar with	
	isions of all statutes relative to the proposition as registered agent. Corporation Service Company By: (Registered agent)	per and complete performance	to act in this capacity. I further agree	
and accept the obligatio	isions of all statutes relative to the proposes of my position as registered agent. Corporation Service Company By:	per and complete performance	e to act in this capacity. I further agree of my duties, and I am familiar with Melissa Zendei Asst. Vice President	
8. The name, title or ca	isions of all statutes relative to the proposes of my position as registered agent. Corporation Service Company By: (Registered agent) pacity and address of the person(s) who	oner and complete performance m's signature has/have authority to manage i	e to act in this capacity. I further agree of my duties, and I am familiar with Melissa Zender Asst. Vice President (s/are:	
and accept the obligation 8. The name, title or ca	isions of all statutes relative to the proposes of my position as registered agent. Corporation Service Company By: (Registered agent pacity and address of the person(s) who Name and Address: Clare Cronin 15481 Cortona Way	o has/have authority to manage in Title or Capacity:	to act in this capacity. I further agree of my duties, and I am familiar with Melissa Zender Asst. Vice President s/are: Name and Address: Sarah Digorgi 6860 Lake Devonwood Dr.	
8. The name, title or ca	isions of all statutes relative to the proposes of my position as registered agent. Corporation Service Company By: (Registered agent) pacity and address of the person(s) who Name and Address: Clare Cronin	o has/have authority to manage in Title or Capacity:	to act in this capacity. I further agree of my duties, and I am familiar with Melissa Zender Asst. Vice President s/are: Name and Address: Sarah Digorgi	
8. The name, title or ca	isions of all statutes relative to the proposes of my position as registered agent. Corporation Service Company By: (Registered agent pacity and address of the person(s) who Name and Address: Clare Cronin 15481 Cortona Way	o has/have authority to manage in Title or Capacity:	to act in this capacity. I further agree of my duties, and I am familiar with Melissa Zender Asst. Vice President s/are: Name and Address: Sarah Digorgi 6860 Lake Devonwood Dr.	
8. The name, title or ca Title or Capacity: Manager	pacity and address of the person of my position as registered agent. (Registered agent pacity and address of the person(s) who Name and Address: Clare Cronin 15481 Cortona Way Naples, FL 34120 Samantha Nunez 12447 Country Day Circle	ther and complete performance on's signature on has/have authority to manage in Title or Capacity: Manager	e to act in this capacity. I further agree of my duties, and I am familiar with Melissa Zender Asst. Vice President s/are: Name and Address: Sarah Digorgi 6860 Lake Devonwood Dr. Ft. Myers, FL 33908 Angela Rosenberg 453 NE 2nd Ave.	
8. The name, title or ca Title or Capacity: Manager	isions of all statutes relative to the proposes of my position as registered agent. Corporation Service Company By: (Registered agent pacity and address of the person(s) who Name and Address: Clare Cronin 15481 Cortona Way Naples, FL 34120 Samantha Nunez	ther and complete performance on's signature on has/have authority to manage in Title or Capacity: Manager	to act in this capacity. I further agree of my duties, and I am familiar with Melissa Zender Asst. Vice President s/are: Name and Address: Sarah Digorgi 6860 Lake Devonwood Dr. Ft. Myers, FL 33908 Angela Rosenberg	
8. The name, title or ca Title or Capacity: Manager	pacity and address of the person(s) who Name and Address: Clare Cronin 15481 Cortona Way Naples, FL 34120 Samantha Nunez 12447 Country Day Circle Ft. Myers, FL 33913	ther and complete performance on's signature on has/have authority to manage in Title or Capacity: Manager	e to act in this capacity. I further agree of my duties, and I am familiar with Melissa Zender Asst. Vice President s/are: Name and Address: Sarah Digorgi 6860 Lake Devonwood Dr. Ft. Myers, FL 33908 Angela Rosenberg 453 NE 2nd Ave.	
8. The name, title or ca Title or Capacity: Manager Manager (Use attachments if necessary attached is a certifical	pacity and address of the person(s) who Name and Address: Clare Cronin 15481 Cortona Way Naples, FL 34120 Samantha Nunez 12447 Country Day Circle Ft. Myers, FL 33913 essary) the of existence, no more than 90 days of work with the certification.	has/have authority to manage in Title or Capacity: Manager Manager	Asst. Vice President Sarah Digorgi 6860 Lake Devonwood Dr. Ft. Myers, FL 33908 Angela Rosenberg 453 NE 2nd Ave. Cape Coral, FL 33090 ficial having custody of records in the	

Typed or printed name of signee

File Number

0602496-3



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

GIGI'S PLAYHOUSE - FORT MYERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 01, 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 20TH day of JUNE A.D. 2017.

Authentication #: 1717102236 verifiable until 06/20/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE