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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	
•	Name of Limited Liability Company
	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please r	turn all correspondence concerning this matter to the following:
	MARK B. MICHAEL
	Name of Person
	Firnt/Company
	4868 W DEMPSTER STREET, STE. 2E
	Address
	SKOKIE, IL 60077
	City/State and Zip Code
	MBMCPA@AOL.COM
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
	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
Enclose	is a check for the following amount: Status S125.00 Filing Fee S130.00 Filing Fee S155.00 Filing Fee S155.00 Filing Fee S160.00 Filing Fee, Certificate Copy Certificate of Status S160.00 Filing Fee S16

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:

(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Flor	ids. The afternate name must include "Limited Lie	bility Company," "L.L.C," or "LLC.")
2 ILLINOIS		3.	
	ich foreign limited liability company is organized)	(F£l num	per, if applicable)
.1			
4	(Date first transacted business in Florida, if prior to n (See 40ctions 605.0904 & 605.0902, F.S. te determin	egistration.)	
5 4868 W DEMPSTER S		6. 4868 W DEMPSTER STR	EET
(Street Address of P	incipal Office)	O. (Mailing Add	
STE, 2E	· · · · · · · · · · · · · · · · · · ·	STE. 2E	
SKOKIE, IL 60077	<u> </u>	SKOKIE, IL 60077	
7. Name and street address Name:	s of Florida registered agent: (P.O. Box STEVEN K. PLATZEK, ESQ., OF C	•	
Office Address:	720 E. PALMETTO PARK ROAD		F 11.
	DOG DIMON		SELECTION TO SELEC
	HOTE A PATTINE		
Having been named as reg designated in this applicat to comply with the provision	gistered agent and to accept service of p ion, I hereby accept the appointment as ons of all statutes relative to the proper	registered agent and agree to act	liability company of the place in this capitality: I further ago
designated in this applicat to comply with the provision	(City) ance: gistered agent and to accept service of p ion, I hereby accept the appointment as ons of all statutes relative to the proper of my position as registered agent.	rocess for the above stated limited registered agent and agree to uct and complete performance of my	liability company of the place in this capitality: I further ago
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Having been named as reg designated in this applicat to comply with the provision and accept the obligations 8. The name, title or capa Title or Capacity: MANAGER (Use attachments if necess 9. Attached is a certificate	cance: gistered agent and to accept service of plots, I hereby accept the appointment as one of all statutes relative to the proper of my position as registered agent. (Registered agent's simple city and address of the person(s) who has Name and Address: MARK B. MICHAEL 4868 W DEMPSTER ST.,#2E SKOKIE, IL 60077 ary) of existence, no more than 90 days old, dif which it is organized. (If the certificate	rocess for the above stated limited registered agent and agree to uct and compute performance of my scharge) scharge authority to manage is/are: Title or Capacity:	liability company on the place in this capacity: I further ago duttes, and I am familiar with Name and Address:

Typed or printed name of signee

File Number

0342770-6



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

F MICHAEL 5832, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 06, 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 26TH day of SEPTEMBER A.D. 2017.

Authentication #: 1726902658 verifiable until 09/26/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE