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COVER LETTER

TO: .	Registration Section Division of Corporations
SUBJE	Creative Media Products LLC
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company
The en Exister	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
lease	return all correspondence concerning this matter to the following:
	Mark Fiebig
	Name of Person
	Creative Media Products LLC
	Firm/Company
	5350 East Ave
	Address
	Countryside, IL. 60525
	City/State and Zip Code
	mark@glassapeel.net
	E-mail address: (to be used for future annual report notification)
or fun	her information concerning this matter, please call:
	Mark Fiebig 630 675-8711
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
inclose	d is a check for the following amount: ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status Certificate of Status Certified Copy ☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPILANCE 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:

ame unavailable, enter alternale r	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC,")
State of Illinois		3. 82-2135545	
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	y(FEI n	number, if applicable)
N/A			
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to deter-	o registration.)	
5350 East Ave	·	6. 5350 East Ave	
(Street Address of Principal Office)		(Mailing /	Address)
Countryside, IL. 60525	; 	Countryside, IL. 60525	
 .	· · · · · · · · · · · · · · · · · · ·		
Name and street address	ss of Florida registered agent: (P.O. Bo.	x <u>NOT</u> acceptable)	17 00T 21
Name:	Manuel Riera		(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
	3390 Mary St. #116		17 00T 20 SAUSION CE
Office Address:			
Office Address:			
Office Address:	Miami	. Florida <u>33133</u>	
gistered agent's accep ving been named as re	Miami (City) tance: gistered agent and to accept service of	, Florida 33133 (Zm)	code) ited liability company at the place
tistered agent's accep ving been named as re ignated in this applica omply with the provisi	Miami (City) tance:	process for the above stated limit as registered agent and agree to a	ted liability company at the place
gistered agent's accep ving been named as re ignated in this applica omply with the provisi	Miami tance: gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the prope	process for the above stated limit as registered agent and agree to a r and complete performance of m	ted liability company at the place
istered agent's accepying been named as reignated in this applica omply with the provising accept the obligation.	Miami tance: gistered agent and to accept service of tion, I hereby accept the appointment of the property of	process for the above stated limit as registered agent and agree to a r and complete performance of m	ted liability company at the place to this capacity. I further agree the duties, and I am familiar with
tistered agent's accepying been named as reignated in this applica omply with the provisition.	Miami tance: gistered agent and to accept service of tion, I hereby accept the appointment of the soft all statutes relative to the property of my position as registered agent.	process for the above stated limit as registered agent and agree to a r and complete performance of m	ted liability company at the place to this capacity. I further agree the duties, and I am familiar with
gistered agent's accepting been named as reignated in this applica omply with the provisit accept the obligation. The name, title or capa	Miami tance: gistered agent and to accept service of tion, I hereby accept the appointment of the property of my position as registered agent. (Registered agent's active and address of the person(s) who hereby	process for the above stated limit as registered agent and agree to a r and complete performance of m signature)	ted liability company at the place in this capacity. I further agree by duties, and I am familiar with
istered agent's accepying been named as reignated in this applica omply with the provision accept the obligation. The name, title or capa Title or Capacity:	Miami tance: gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the property of my position as registered agent. (Registered agent's recity and address of the person(s) who hame and Address: Mark Fiebig 8809 Carlisle Ct	process for the above stated limit as registered agent and agree to a r and complete performance of m signature)	ted liability company at the place in this capacity. I further agree by duties, and I am familiar with
istered agent's accepting been named as regnated in this applica omply with the provising accept the obligation. The name, title or capa Title or Capacity:	Miami tance: gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the property of my position as registered agent. (Registered agent's recity and address of the person(s) who hame and Address: Mark Fiebig	process for the above stated limit as registered agent and agree to a r and complete performance of m signature)	ted liability company at the place in this capacity. I further agree by duties, and I am familiar with
istered agent's accepying been named as reignated in this applica omply with the provision accept the obligation. The name, title or capa Title or Capacity:	Miami tance: gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the property of my position as registered agent. (Registered agent's recity and address of the person(s) who hame and Address: Mark Fiebig 8809 Carlisle Ct	process for the above stated limit as registered agent and agree to a r and complete performance of m signature)	ted liability company at the place in this capacity. I further agree by duties, and I am familiar with
istered agent's accepting been named as regular this applica omply with the provision accept the obligation. The name, title or capa Title or Capacity: Managing Member	Miami tance: gistered agent and to accept service of tion, I hereby accept the appointment of tions of all statutes relative to the property of my position as registered agent. (Registered agent's acity and address of the person(s) who hame and Address: Mark Fiebig 8809 Carlisle Ct Darien, II. 60561 Vincent Schwerin 4215 S. East Ave	process for the above stated limit as registered agent and agree to a r and complete performance of m signature)	ted liability company at the place in this capacity. I further agree by duties, and I am familiar with
istered agent's accepting been named as regnated in this applica omply with the provisi accept the obligation. The name, title or capa Title or Capacity: Managing Member	Miami tance: gistered agent and to accept service of tion, I hereby accept the appointment of the soft of the property of my position as registered agent. (Registered agent's acity and address of the person(s) who hame and Address: Mark Fiebig 8809 Carlisle Ct Darien, II. 60561 Vincent Schwerin	process for the above stated limit as registered agent and agree to a r and complete performance of m signature)	ted liability company at the place in this capacity. I further aging duties, and I am familiar with

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information mitted in a document to the Department of State constitutes athird degree felony as provided for in s.817.155, F.S.

Mark Fiebig

Typed or printed name of signee



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

CREATIVE MEDIA PRODUCTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 07, 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 16TH day of OCTOBER A.D. 2017.

hentication #: 1728901808 verifiable until 10/16/2018 thenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE