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(Requestor's Name) (Address) (Address)	600304786426
(City/State/Zip/Phone #)	61.8. W 95.1.3
Special Instructions to Filing Officer:	17 OCT 30 PH 1: 87
Office Use Only	OCT 3 1 2017 Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	120000000	195	
	REFERENCE	:	<u> </u>		
	AUTHORIZATION	ġ	Some Rele	man	
	COST LIMIT	: (\$ 1-25.00		
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ORDER DATE :	September 21, 20	17			
ORDER TIME :	11:21 AM				
ORDER NO. :	829924-010				
CUSTOMER NO:	8026395				
	FOREIGN F	ILI	NGS		

NAME: GIGI'S PLAYHOUSE - TAMPA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

- -

COVER LETTER

1

TO: **Registration Section Division of Corporations**

GiGi's Playhouse - Tampa, LLC

SUBJECT:

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 following:

Krystal Naskrent			
	Name of Person		
2350 W. Higgins Road			
	Firm/Company	· ·	
	Address		
Hoffman Estates, IL 60169			
C	ity/State and Zip Co	de	
info@gigisplayhouse.org			
E-mail address: (to be	used for future annu	al report notification)	
mation concerning this matter, please call	l:		
l Naskrent	847	637-5264	
Name of Contact Person	Area Coo	ie Daytime Telephone Number	
ING ADDRESS:		STREET ADDRESS:	
Division of Corporations		Division of Corporations	
Registration Section		Registration Section	
		Clifton Building	
5x 6327		Cinion building	
,	2350 W. Higgins Road Hoffman Estates, IL 60169 C info@gigisplayhouse.org E-mail address: (to be mation concerning this matter, please call I Naskrent Name of Contact Person ING ADDRESS: n of Corporations	Name of Person 2350 W. Higgins Road Firm/Company Address Hoffman Estates, IL 60169 City/State and Zip Continue info@gigisplayhouse.org E-mail address: (to be used for future annumation concerning this matter, please call: 1 Naskrent 847 Area Contact Person ING ADDRESS: n of Corporations	

🖾 \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy 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: GiGi's Playhouse - Tampa, LLC 1 (Name of Foreign Limited Liability Company; must include "Limited 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 most include "Limited Liability Company," "LLC," or "LLC." 2. Illinois (FEI pumpet, if application) (Jurisdiction under the law of which foreign limited liability company is organized) n/a 4. (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605 0905, F.S. to determine penalty hability) 16312 Chapman Crossing Drive 16312 Chapman Crossing Drive 6 5 (Street Address of Principal Office) (Mailing Address) Lithia, FL 33547 Lithia, FL 33547 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Florida 32301 Tallahassee (City) (Zip code) <u>.</u> Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. -Roxanne Turner Corporation Service Company Asst. Vice President By: (Registered agent's signa တ် 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Title or Capacity: Name and Addr Title or Capacity: Name and Address: Bill Sedgemen Chris Steele Manager Manager 16312 Chapman Crossing Dr. 5616 Rockfield Loop Valrico, FL 33596 Lithia, FL 33547 Jordan Williams Manager Tyrell McElroy Manager 808 N. Franklin St. #3305 15901 Northlake Village Dr. Tampa, FL 33602 Odessa, FL 33556

(Use attachments if necessary) see attached for full listing of Managers

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

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

n Signature of AU thorized person

Michele Storz, Authorized Person

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 $\frac{1}{3}$

Business Services. 1 certify that

GIGI'S PLAYHOUSE - TAMPA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 05, 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 25TH day of OCTOBER A.D. 2017 .

esse White

SECRETARY OF STATE

Authentication #: 1729801936 verifiable until 10/25/2018 Authenticate at: http://www.cyberdriveillinois.com