M17000009801

(Requestor's Name)					
(Address)					
(Ac	idress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Селified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
<u></u>					





200304457932



6年8月8日日 6月8日

NOV 2 0 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 919159 7175508

AUTHORIZATION

COST LIMIT : 0\$\125.00

ORDER DATE: November 16, 2017

ORDER TIME : 9:50 AM

ORDER NO. : 919159-005

CUSTOMER NO: 7175508

FOREIGN FILINGS

NAME: RSPI UTILITIES, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

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

.

TO:

TO:		ation Section n of Corporation	ns				
SUBJE		PI UTILITIES, I	.LC				
		•	Name of	Limited Liability (Company		
The end Existen	closed "A ce, and cl	pplication by For neck are submitte	reign Limited Liability Comp d to register the above refer	pany for Authoriza enced foreign limi	ntion to Tra ted liability	unsact Business in Florida," y company to transact busir	Certificate of ness in Florida
Please i	return all	correspondence c	concerning this matter to the	following:			
		GABE SHABA	AT.				
			N'	ame of Person			
		LAKESHORE	KESHORE COMMUNITITIES Firm/Company				
		· · · · · · · · · · · · · · · · · · ·	Firm/Company RONX AVE., 2ND FLOOR Address				
		8800 N. BRONX AVE., 2ND FLOOR					
	Address						
		SKOKIE, IL 60077					
			City/State and Zip Code				
			E-mail address; (to be use	d for future annual	l report not	ification)	
For furt	ther infor	mation concerning	g this matter, please call:				
	LINDS	AY SAFFRIN		312 au (346-83	80	
		Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrate Clifton B 2661 Exe	of Corporations ion Section uilding cutive Center Circle ice, FL 32301	
Enclose		eck for the follow .00 Filing Fee	ring amount: \$130.00 Filing Fee & Certificate of Status	S155.00 Filit Certified Copy		S160.00 Filing Fee, Coof Status & Certified Coo	

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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

RSPI UTILITIES, LL	C		
(Name of For	eign Limited Liability Company; must include	"Limited Liability Company," "L.L.C.," or	'LLC.")
Liability Company," "L.L.C	Iternate name adopted for the purpose of transe	acting business in Florida. The alternate nam	e must include "Limited
DELAWARE	of which foreign limited liability	82-3434466	
company is organized)	of which foreign limited liability	(FEI number, if applicable)	
UPON QUALIFICAT			
	(Date first transacted business in Flori (See sections 605.0904 & 605.0905, F.S	da, if prior to registration.)	
8800 N. BRONX AVI		. a determine penany naomity	
SKOKIE, IL 60077			
	(Street Address of Principal C	Office)	
. 8800 N. BRONX AVE	., 2ND FLOOR	·	
SKOKJE, IL 60077			
	(Mailing Address)		PAs.
Name and street address	s of Florida registered agent: (P.O. Box 1	NOT acceptable)	• • • • • • • • • • • • • • • • • • • •
Name;	Corporation Service Company		y ny.
Office Address:	1201 Hays Street		1. Autorit
	Tallahassee	, Florida 32301	·
Registered agent's accept	(City)	(Zip code)	œ
esignated in this applicat o complywith the provision	gistered agent and to accept service of protion, I hereby accept the appointment as roots of all statutes relative to the proper and proposition as registered agent. Corporation Service Company By:	registered agent and agree to act in this ad complete performance of my duties, the complete performance of my duties.	canacity I fuether agree
. The name, title or cana	(Registered agent) city and address of the person(s) who has/t		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SPI MANAGER, LLC, I		ave admitty to manage tyare.	
800 N. BRONX AVE., 2	ND FLOOR		
KOKIE, IL 60077			
Attached is a certificate of risdiction under the law of the translator must be suf-	of existence, no more than 90 days old, do f which it is organized. (If the confificate is bmitted)	y authenticated by the official having cu in a focign language, a translation of th	stody of records in the ne certificate under oath
•	Signature it us parto	rzed person	
nis document is executed to	in accordance with section 505,0203 (1) (b the Department of State constitutes a third	Florida Stututes I am aumra that any S	ulse information
	JOSEPH I. WOLF, AUTHORIZED PERS		·5, F.S.
•	Typed or printed name	of signee	



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RSPI UTILITIES, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SIXTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RSPI UTILITIES, LLC" WAS FORMED ON THE FIFTEENTH DAY OF NOVEMBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

ET KIN 17 KI 8:49



Authentication: 203588854

Date: 11-16-17

6617973 8300 SR# 20177134441