M17000010630

(Requestor's Name)						
(Address)						
(Ad	(Address)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nam	ne)				
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:	95515				
	 .					

Office Use Only



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S. WARREN DEC 1 5 2017



December 1, 2017

GERARD GIULIANO JR 462 N MCLEAN BLVD ELGIN, IL 60123

SUBJECT: VITALITY PROPERTIES, LLC

Ref. Number: W17000095515

We have received your document for VITALITY PROPERTIES, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 917A00024310

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	White December 110						
UBJI	Vitality Properties, LLC ECT:						
	Name of	Limited Liability (Company				
	iclosed "Application by Foreign Limited Liability Com- nce, and check are submitted to register the above refer						
lease	return all correspondence concerning this matter to the	following:					
	Gerard Giuliano Jr						
	N	ame of Person		 .			
	Vitality Properties, LLC						
	Firm/Company						
	462 N Melean Blvd						
		Address					
	Elgin, IL 60123						
	City/State and Zip Code						
	jerry@vitalitydentalarts.com						
	E-mail address: (to be use	d for future annua	report no	tification)			
or tu	ther information concerning this matter, please call:						
	Gerard Giuliano Jr	847	721+60	554			
	Name of Contact Person	at (Area Code	_) Day	rtime Telephone Number			
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314		Division Registrat Clifton P 2661 Exc	f ADDRESS: of Corporations ion Section duilding ecutive Center Circle see, FL 32501			
inclos	ed is a check for the following amount: □ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filir	ig Fee &	☐ \$160,00 Filing Fee, Certificat 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 FLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Vitality Properties, LL	C. Limited Liability Company: must include "Limite				
(Name of Foreign	Limited Liability Company; must include "Limite	ed Liability Company," "L.L.C.," or "I.L.C.")		
(If name univadable, enter alternate n	isme adopted for the purpose of transacting business in Fk	ords. The alternate name must uschule "Limited Li-	ability Company," "L.L.C." or "LL.C.")		
2. IL		3. 47-3982128			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI mun	ber, if applicable)		
A					
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration) me penulty liability)			
5 462 N Mclean Blvd		6. 462 N Mclean Blvd			
(Street Address of Principal Office)		(Mailing Address)			
Elgin, IL 60123		Elgin, IL 60123			
7. Name and street address	ss of Florida registered agent: (P.O. Box	(<u>NOT</u> acceptable)	7 DEC		
Name:	Gerard Giuliano Jr	 _			
Office Address:	1301 Riverplace Blvd #800		STATE OF STA		
	Jacksonville	Florida 32207	$\frac{\pi}{\omega}$ ω		
Registered agent's accep	(City)	Florida 32207 (Zip co	3: 00		
	ions of all statutes relative to the proper s of my position as registered agent.	r and complete performance of my	duties, and I am familiar with		
	(Registered agent's	signature)			
8. The name, title or capa Title or Capacity:	acity and address of the person(s) who had Name and Address:	as/have authority to manage is/are: Title or Capacity;	Name and Address:		
CEO	Gerard Giuliano Jr	title of Capacity	Tradition Maria Tablife C 5.55		
CILO	462 N Mclean Blvd	-			
	Elgin, IL 60123	- -			
- 	·				
		- -			
(Use attachments if neces	sary)				
	of existence, no more than 90 days old, of which it is organized. (If the certifical ubmitted)				
	outed in accordance with section 605.020 to the Department of State constitutes a th				
	Signature	of an authorized person			
	Gerard Giuliano Jr				

Exped 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

VITALITY PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 23, 2015, 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 11TH day of DECEMBER A.D. 2017

Authentication #: 1734502438 verifiable until 12/11/2018
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE