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Requestor's Name)	
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Certificates	s of Status
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#### COVER LETTER

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TO:	Registration Section Division of Corporations	
SUBJI	706 Aquarius, LLC	
30001		imited Liability Company
		any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida.
Please	e return all correspondence concerning this matter to the f	ollowing:
	Mary T Cotter	
	N'ar	me of Person
	706 Aquarius, LLC	
	Fir	m/Company
	6651 Dowagiac	
		Address
	Lincolnwood, IL 60712	
	City/St.	ite and Zip Code
	StrzalkaLaw@MASLawOffice.com	
	E-mail address: (to be used	for future annual report notification)
For fur	orther information concerning this matter, please call:	
	Mary Alice C Strzalka	773 631-9215 at ( )
	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, Ft. 32301
Enclose	sed is a check for the following amount:  \$\B\$\$ \$125.00 Filing Fee \$\Bigcup \$130.00 Filing Fee & Certificate of Status	☐ \$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 605,0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

706 Aquarius PB, LLC	Limited Liability Company; must include "Limite	<b>12 17.11.</b>	npang. Diben in bite.		
It name unavailable, enter alternate u	ame adopted for the purpose of transacting business in Flo				or "LLC")
<sub>2.</sub> Illinois		3.	82-352420 (FEI numb	02	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	· · · ·	(FEI num	er, if applicable)	
4. N/A					
··	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration )	(N)	<del></del>	
5 6651 Dowagiac					
(Street Address of I	Principal Office)	6. (0.)	51 Dowagiac (Mailing Addi	ress)	
Lincolnwood, IL 6071	2	Lin	colnwood, IL 60712		
					_ <del>_</del> _
7. Name and street addres	s of Florida registered agent: (P.O. Box	x <u>NOT</u> acce	ptable)		
Name:	Alice A Strzatka		_		
Office Address:	220 S Collier Blvd #905				
	Marco Island		Clarida 34145		
	(Cin.)		, Florida 34145 (Zip cod	e)	
designated in this applica to comply with the provisi	gistered agent and to accept service of tion. I hereby accept the appointment a ons of all statutes relative to the proper	is registered	agent and agree to act	in this capacity?	l f <b>æ</b> her agre
designated in this applica to comply with the provisi	tion, I hereby accept the appointment a ons of all statutes relative to the proper s of my position as registered agent.	ns registered r and comple	agent and agree to act	in this capacity?	freeher agre
designated in this applica to comply with the provisi	tion, I hereby accept the appointment a ons of all statutes relative to the proper	ns registered r and comple	agent and agree to act	in this capacity?	freeher agre
designated in this applica to comply with the provisi and accept the obligation:	tion, I hereby accept the appointment of tons of all statutes relative to the proper is of my position as registered agent.  Alexa (Registered agent's	is registered r and comple 	agent and agree to act ete performance of my (	in this capacity?	freeher agre
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8. The name, title or capa Title or Capacity: Manager  (Use attachments if necess or the translator must be set to the translator must be set to. This document is execute.	tion, I hereby accept the appointment of the solutions of all statutes relative to the proper of agent's recity and address of the person(s) who have and Address:  Catherine Cotter  1870 Oak Knoll Drive Lake Forest, IL 60045-3780  sary)  of existence, no more than 90 days old, of which it is organized. (If the certificate albimitted)	duly authent te is in a fore	agent and agree to act rete performance of my of rity to manage is/are; or Capacity:  iicated by the official ha righ language, a translation	in this capacity duties, and Fame SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	cords in the te under oath

Typed or printed name of signee

Mary T Cotter

### File Number

0663167-3



## 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

706 AQUARIUS. LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 27, 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 1ST day of DECEMBER A.D. 2017.

Authentication #: 1733502906 verifiable until 12/01/2018
Authenticate at; http://www.cyberdriveillinois.com

Jesse White

SECRETARY OF STATE