Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

Foreign Limited Liability Company Amelia Hotel Management, LLC

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S. WARREN

JAN 02 7018

COVER LETTER

TO: Registration Section Division of Corporations

Amelia Hotel Management, 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:

For further information concerning this matter, please call:

MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327

Tallahassee, Ft. 32314

STREET ADDRESS: Division of Corporations Registration Section Clifton Building

2661 Executive Center Circle Tallahassec, FL 32301

Enclosed is a check for the following amount:

S125,00 Filing Fee S130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	TION GOS.(1901), FLORIDA STATUTES, THE FO SINESS INTITIE STATE OF FLORIDA:	ILOWING IS SUBMITTED TO REGISTI	R A FOREKIN IJMUTIJ) LIABILIT
1. Amelia Hotel Manager (Name of Foreign	nent, LLC Limited Liability Company, mist include "Limited	Liability Company," "L.I. C.," or "EEC.")	·
	ane adopted for the purpose of transacting business in Flore	to. The alternate name usest include "Limited Liab 3. 82-34070 (FM number)	lity Company," "LLC," or "LLC.") 2 5 T. If applicable)
4. N/A	(Date that transacied between in Florida it piner to to (See section + 605 0994 & 605 0995, F.S. in determin	gestration.) c purelly liability)	
5. 401 S. La S.	The Swite 403	6. 401 S. La So.	
Chicago,	THINAIS GOLGOS	Chicago, T	1/10/015 8605
7. Name and street address	ss of Florida registered agent; (P.O. Box	<u>NOT</u> acceptable)	¥-2
Name:	C T Corporation System		
Office Address:	1200 South Pine Island Road	***************************************	
	Plantation (Civ.)	. Florida 33324 (Zprosk	
to comply with the provis and accept the obligation	ition, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent. By: C T Corporation System (Registered agent)	Jennifer Quinn	n mis capicas. Typiner agree luties, and I am famillar with , Asst Secretary & VP
8. The name, little or cap Title or Capacity: Manager	ncity and address of the person(s) who has Name and Address: Caliw Faunescu	Title or Capacity:	Name and Address:
	Chirago, IL. 606	23	
(Use attachments if neces	ssary)		
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificate abmitted)	luly authenticated by the official ha is in a foreign language, a trunslati	ving custody of records in the on of the certificate under onth
10. This document is executed in a document to	o the Deputinent of State episticies (1) in accordance with section 605.0203	(1) (b). Frorida Statutes, I am awar rd degree felony as provided for in a femouth-sixed (sees)	e that any false information s.817.155, Γ.S.
	Ariel Weissbr	or Carlos	

File Number

0662124-4



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

AMELIA HOTEL MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 13, 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 day of DECEMBER A.D. 2017 .

Authentication #: 1736302182 verifiable until 12/29/2018 Authenticale at, http://www.cyberdiiveillinois.com

SECRETARY OF STATE