

M18000000227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

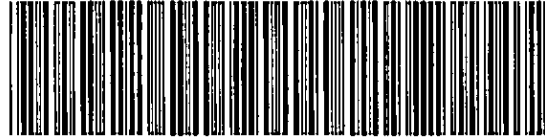
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 JAN -3 PM 6:49

JAN 09 2018
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MMCCARTHY LLC 671106ST, AN IL SREIES LLC

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:

Michael McCarthy

Name of Person

MMCCARTHY Investments

Firm/Company

8805 Tamiami Trail N #170

Address

Naples FL 34108

City/State and Zip Code

mike@mmccarthyinvestments.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael McCarthy

312

813-0626

Name of Contact Person

at (_____) _____

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, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2017

RECEIVED

JAN - 8 2018

MICHAEL MCCARTHY
8805 TAMiami TRAIL N #170
NAPLES, FL 34108

SUBJECT: M MCCARTHY LLC
Ref. Number: W17000100610

We have received your document for M MCCARTHY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 017A00025870

2018 JAN - 8 PM 4:43

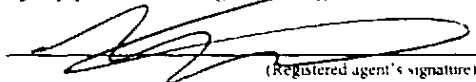
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

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:

1. M MCCARTHY LLC-671106ST, AN IL SEREIES LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
M McCarthy LLC 106Th ST
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. Illinois 3. 82-1165773
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. 4/28/2017
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1235 N Clybourn 6. 8805 Tamiami Trail North
(Street Address of Principal Office) (Mailing Address)
Unit 337 170
Chicago IL 60610 Naples FL 34108
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Michael McCarthy
Office Address: 8805 Tamiami Trai N #170
Naples, Florida 34108
(City) (Zip code)

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.


(Registered agent's signature)

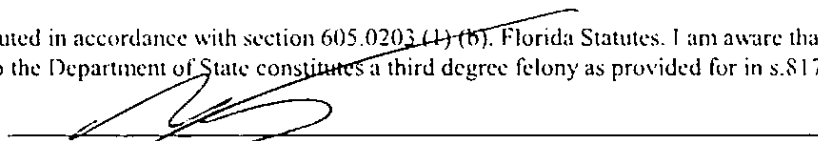
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<u>Manager</u>	<u>Michael McCarthy</u>		
	<u>8805 Tamiami Trail N #170</u>		
	<u>Naples FL 34108</u>		

(Use attachments if necessary)

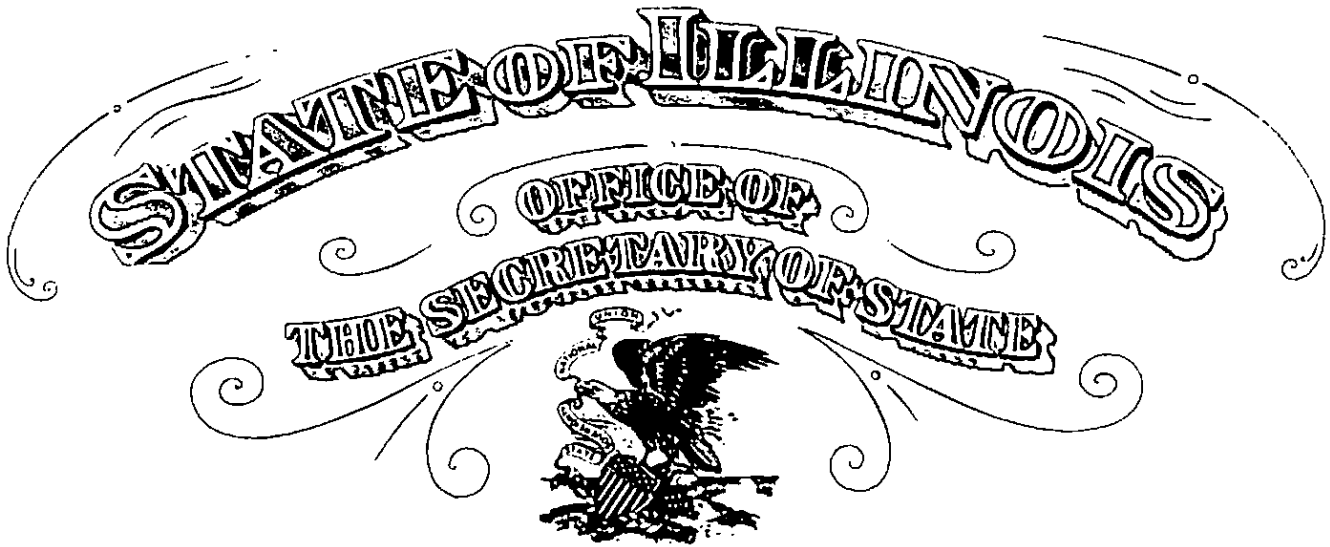
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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


Signature of an authorized person
MICHAEL MCCARTHY
Typed or printed name of signee

File Number

0418678-8



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

M MCCARTHY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 04, 2013, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF M MCCARTHY LLC - 671106ST, AN IL SERIES LLC ON APRIL 03, 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 5TH
day of DECEMBER A.D. 2017 .

Jesse White

SECRETARY OF STATE