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SECRETARY OF STATE

D. SCOTT JAN 2 9 2018

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	COVER LETTER	
TO	Registration Section Division of Corporations	
SU	Superfly Coaching, LLC	· .
	Name of Limited Liabili	y Company
The Exi	enclosed "Application by Foreign Limited Liability Company for Authorstence, and check are submitted to register the above referenced foreign li	zation to Transact Business in Florida. Certificate of mited liability company to transact business in Florida.
. Ple	ase return all correspondence concerning this matter to the following:	
	Brandi Tovar	20 T
	Name of Person	D R
•	Momkus McCluskey LLC	2 o
	Firm/Company 1001 Warrenville Road, Suite 500	₹ 6
	Address Lisle, Illinois 60532	
	City/State and Zip Co	de
	btovar@momlaw.com	
	E-mail address: (to be used for future annual	al report notification)
For	further information concerning this matter, please call:	
	Brandi Tovar 630	434-0400 x123
	Name of Contact Person Area Con	e 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
Enc	osed is a check for the following amount:  \$\Bigsize \$\sum \$	ing Fee & \$160.00 Filing Fee, Certificate
	•	



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 18, 2018

BRANDI TOVAR 1001 WARRENVILLE RD, SUITE 500 LISLE, IL 60532

SUBJECT: SUPERFLY COACHING, LLC

Ref. Number: W18000004930



We have received your document for SUPERFLY COACHING, LLC and your check(s) totaling \$155.00. 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.

Dionne M Pijeaux Regulatory Specialist

Letter Number: 318A00001090

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www.sunbiz.org

Division of Comparations D.O. DOV 6997 Tallahanna Florida 9991

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

IN COMPLANCE WITH SECTION 035 (NO2, FLORIDA STAIT TENTHELLO MONGAS SUBMITTED TO REGISTER A FOREKIN ALMITED ITABILITA COMPANYTOTICINSTCTBUSINESS INTHE STATEOFFLORIDA 1. Superfly Coaching, LLC (Name of Foreign Limited Liability Company, must include "Limited Lability Company," "LLC," or "LLC" Obstitution on containing after a remark manual adopted for the purpose of transacting business to a foods. The alternate ratio roust on one T I mated Galbling Company Illmors Plurisdiction under the law of which foreign limited hability company is organized) (Filomorer if applicance) -01.01/2018Date first transacted business in Florida, if prior to registration (See sections 605 0904 & 605 0905, F.S. to determine genalty la 5128 Course Drive (Mailing Address) (Street Address of Principal Othics) Sarasota, Florida 34232 Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C.T. Corporation System Name: 1200 South Pine Island Road Office Address: Plantation Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited llability 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Name and Address: Manager Adam Zucco 753 Waterside Drive South Elgin, IL 6017. (Use attachments if necessary) 9. Attached is a certificate of existence, no more than 90 days old, duly althenticated 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 space lelony as provided for in \$.817.155, F.S. Signsture of an authorized person Adam Zucco, President

Typed or printed many of signee

### File Number

0445411-1



## 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

SUPERFLY COACHING, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 09, 2013, 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 24TH

day of JANUARY A.D.2018

Authentication #: 1802402894 verifiable until 01/24/2019 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE