# M18000001631

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
		MAIL
(Bus	siness Entity Nan	ne)
(Dod	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to f	-iling Officer:	
	Office Use Onl	lv







FEB 1 6 2018 Y SULKER



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

			ACCOUNT NO.	:	120000001	95	
			REFERENCE	:	072702	7495801	
			AUTHORIZATION	: (	Grebel	Real	
			COST LIMIT	:	\$ 16-9'.00	men	
ORDER	DATE	:	February 15, 201	18			
ORDER	TIME	:	12:20 PM				

•

- ORDER NO. : 072702-005
- CUSTOMER NO: 7495801

### FOREIGN FILINGS

NAME: DKMR PARTNERS LLC.

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

TO: Registration Section Division of Corporations

DKMR PARTNERS 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:

DANIEL SIGNORINI

Name of Person

DKMR PARTNERS LLC

Firm/Company

1065 W. NORTH THORNDALE AVE

Address

BENSENVILLE IL 60106

City/State and Zip Code

DSIGNORINI@LVDISTRIBUTES.COM

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

For further information concerning this matter, please call:

DANIEL SIGNORINI		630 at (	787-44	S-4
Name	of Contact Person	Area Code	/Day	time Telephone Number
MAILING ADDRESS Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314	<b>-</b>		Division Registrati Clifton B 2661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301
Enclosed is a check for the follow \$125.00 Filing Fee	ving amount:	Certified Copy	Fee &	■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 695 0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED (JABILITY) COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

### L DKMR PARTNERS LLC.

Hart and the ble, that betrait	name adopted for the purpose of transacting business in Florid	a. The alternate name must include "Lun	ned Liability Company," "L.L.C," or "LLC.")
ILLINOIS		3 35-2255600	
Usuadiction under the law of a	which foreign himsted liability company is organized)		El number, il applicable)
01/02/2018			
	(Date first pansacted business in Flietda, if prior to reg (See sections 605 0904 & 605 0905, F.S. to determine	istration ) penalty liability)	
1065 W. NORTH TH	ORNDALE AVE	6. BENSENVILLE IL 6	0106
(Street Address of	Principal Office)	v	ng Address)
		· · · · · · · · · · · · · · · · · · ·	
N			
Name and <u>street addre</u>	ss of Florida registered agent: (P.O. Box <u>)</u>	<u>!OT_acceptable</u> )	
Name:	Corporation Service Company		
	1001 U C		···· >,
Office Address:	1201 Hays Street		~~, 00
Office Address:			
Office Address:	Tallahassee	Florida <u>32301</u>	
egistered agent's accep	Tallahassee (City)	(2	Lip code) Contra 44-
egistered agent's accep wing been named us re	Tallahassee (City) stance: registered agent and to accept service of pro	a cess for the above stated lin	tip cook) Contraction of the start of the st
egistered agent's accep wing been named us re signated in this upplica comply with the provisi	Tallahassee (Cny) stance: gistered agent and to accept service of pro- stion. I hereby accept the appointment as ra- tions of all statutes relative to the proper an	2 cess for the above stated lin reistered avent and avree u	tip code)
gistered agent's accep wing been named us re signated in this applica comply with the provisi	Tallahassee (Cny) stance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ions of all statutes relative to the proper an s of my position as registered agent.	2 cess for the above stated lin reistered avent and avree u	tip code) nited liability company at the place o act in this capacity. I further agree (my duties, and I amifamiliation with ?
gistered agent's accep wing been named us re signated in this applica comply with the provisi	Tallahassee (Cny) stance: gistered agent and to accept service of pro- stion. I hereby accept the appointment as ra- tions of all statutes relative to the proper an	2 cess for the above stated lin reistered avent and avree u	tip code) nited liability company at the place o act in this capacity. I further agreed (my duties, and I amfamiliation in f Roxannes Turne
egistered agent's accep wing been named us re signated in this upplica comply with the provisi	Tallahassee (Cny) stance: gistered agent and to accept service of pro tion, I hereby accept the appointment as re ions of all statutes relative to the proper an s of my position as registered agent.	cess for the above stated lin egistered agent and agree to d complete performance of	tip code) nited liability company at the place o act in this capacity. I further agree (my duties, and I amifamiliation with ?
egistered agent's accep aving been named us re signated in this applica comply with the provisi cd accept the obligation.	Tallahassee (Cn3) itance: gistered agent and to accept service of pro- tion, I hereby accept the appointment as ra- ions of all statutes relative to the proper an s of my position as registered agent. Corporation Service Company By: (Registered agent's sign	Cess for the above stated lin egistered agent and agree to d complete performance of Mute)	nited liability company at the place o act in this capacity. I further ogred my duties, and I and amilia with a Roxanne Furne Asst: Vice Preside
egistered agent's accep aving been named us re signated in this applica comply with the provisi cd accept the obligation.	Tallahassee (Cny) stance: gistered agent and to accept service of pro- tion. I hereby accept the appointment as ra- ions of all statutes relative to the proper an s of my position as registered agent. Corporation Service Company By: (Registered agent's sign acity and address of the person(s) who has/h	Cess for the above stated lin egistered agent and agree to ad complete performance of Complete performance of Mute nuce) ave authority to manage is/a	RoxannorTurne Asst: Vice Preside
egistered agent's accept aving been named as re- signated in this applicat comply with the provise d accept the obligation. The name, title or capa <u>Title or Capacity:</u>	Tallahassee (Cn3) Itance: registered agent and to accept service of pro- rition. I hereby accept the appointment as ri- ions of all statutes relative to the proper and s of my position as registered agent. Corporation Service Company By: (Registered agent's sign (Registered agent's sign accept and address of the person(s) who has/h <u>Name and Address:</u>	cess for the above stated lin egistered agent and agree to d complete performance of Mues ave authority to manage is/a <u>Title or Capacity:</u>	nited liability company at the place o act in this capacity of further agree (my duties, and I amy amiliar with a Roxanne furne Asst. Vice Preside tre: <u>Name and Address:</u>
egistered agent's accept wing been named us re- signated in this application comply with the provision d accept the obligation. The name, title or capa	Tallahassee (Cm) itance: registered agent and to accept service of pro- ation, I hereby accept the appointment as re- ions of all statutes relative to the proper and s of my position as registered agent. Corporation Service Company By: (Registered agent's sign (Registered agent's sign acity and address of the person(s) who has/h <u>Name and Address:</u> DANIEL SIGNORINI	Cess for the above stated lin egistered agent and agree to ad complete performance of Complete performance of Mute nuce) ave authority to manage is/a	Exp code) mited liability company at the place p act in this capacity further agree (my duties, and I ampamiliate with a Roxanner furne Asst. Vice President tre: <u>Name and Address:</u> KENNETH SWEET
egistered agent's accept wing been named as re- signated in this applica- comply with the provise d accept the obligation. The name, title or capa <u>Title or Capacity:</u>	Tallahassee (Cn3) Itance: registered agent and to accept service of pro- rition. I hereby accept the appointment as ri- ions of all statutes relative to the proper and s of my position as registered agent. Corporation Service Company By: (Registered agent's sign (Registered agent's sign accept and address of the person(s) who has/h <u>Name and Address:</u>	cess for the above stated lin egistered agent and agree to d complete performance of Mues ave authority to manage is/a <u>Title or Capacity:</u>	nited liability company at the place o act in this capacity of further agree (my duties, and I ampamilid Roxanne furne Asst. Vice Preside tre: <u>Name and Address:</u>
gistered agent's acception of the second sec	Tallahassee (Cn3)	cess for the above stated lin egistered agent and agree to d complete performance of Mues ave authority to manage is/a <u>Title or Capacity:</u>	Exp code) mited liability company at the place p act in this capacity of further agree (my duties, and I amy amiliar with a Roxanne Turne Asst. Vice Preside tre: <u>Name and Address:</u> <u>KENNETH SWEET</u> <u>1065 W. NORTH THORND</u>
gistered agent's acception of the second sec	Tallahassee (Cn3)	cess for the above stated lin egistered agent and agree to d complete performance of Mues ave authority to manage is/a <u>Title or Capacity:</u>	Exp code) mited liability company at the place p act in this capacity of further agree (my duties, and I amy amiliar with a Roxanne Turne Asst. Vice Preside tre: <u>Name and Address:</u> <u>KENNETH SWEET</u> <u>1065 W. NORTH THORND</u>

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 constituties achieved efform as provided for in s.817.155, F.S.

an , Ĉi ハレ Signature of an alghorized person

DANIEL SIGNORINI

Typed or printed name of signee

# File Number 0152574-3



## 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  $\neg$ 

### Business Services. I certify that

DKMR PARTNERS, LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 7. 2005, 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 15TH day of FEBRUARY A.D. 2018 .

Authentication #: 1804601532 verifiable until 02/15/2019 Authenticate at: http://www.cyberdriveillinois.com

esse White

SECRETARY OF STATE