

# M18000001733

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(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

2/20/2018 DS

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

ACCOUNT NO. : I20000000195  
REFERENCE : 076724 7451447  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 160.00

ORDER DATE : February 19, 2018

ORDER TIME : 3:14 PM

ORDER NO. : 076724-010

CUSTOMER NO: 7451447

FOREIGN FILINGS

NAME: HEARTLAND DEVELOPMENT  
SERVICES-AVONLEA, 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: \_\_\_\_\_

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Heartland Development Services - Avonlea, 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:

Peter T. Wall

Name of Person

Heartland Development Services - Avonlea, LLC

Firm/Company

1535 North Elston Avenue

Address

Chicago, Illinois 60642

City/State and Zip Code

peter.wall@equibasecapital.com

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

For further information concerning this matter, please call:

Peter T. Wall

773

486-2570

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, 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

2010 FEB 19 A 8:30  
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**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. Heartland Development Services - Avonlea, LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")
- (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. 82-4462319  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. First transacted business in Florida on date of this registration  
(Date first transacted business in Florida, if prior to registration )  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1535 North Elston Avenue 6. 1535 North Elston Avenue  
(Street Address of Principal Office) (Mailing Address)  
Chicago, Illinois 60642 Chicago, Illinois 60642

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.*

By: Roxanne Turner  
Corporation Service Company  
(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

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>President</u>	<u>David L. Husman</u> <u>1535 North Elston Avenue</u> <u>Chicago, Illinois 60642</u>	<u>Vice Pres./Secretary</u>	<u>Peter T. Wall</u> <u>1535 North Elston Avenue</u> <u>Chicago, Illinois 60642</u>
<u>Vice Pres./Treasurer</u>	<u>Timothy P. Grogan</u> <u>1535 North Elston Avenue</u> <u>Chicago, Illinois 60642</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.

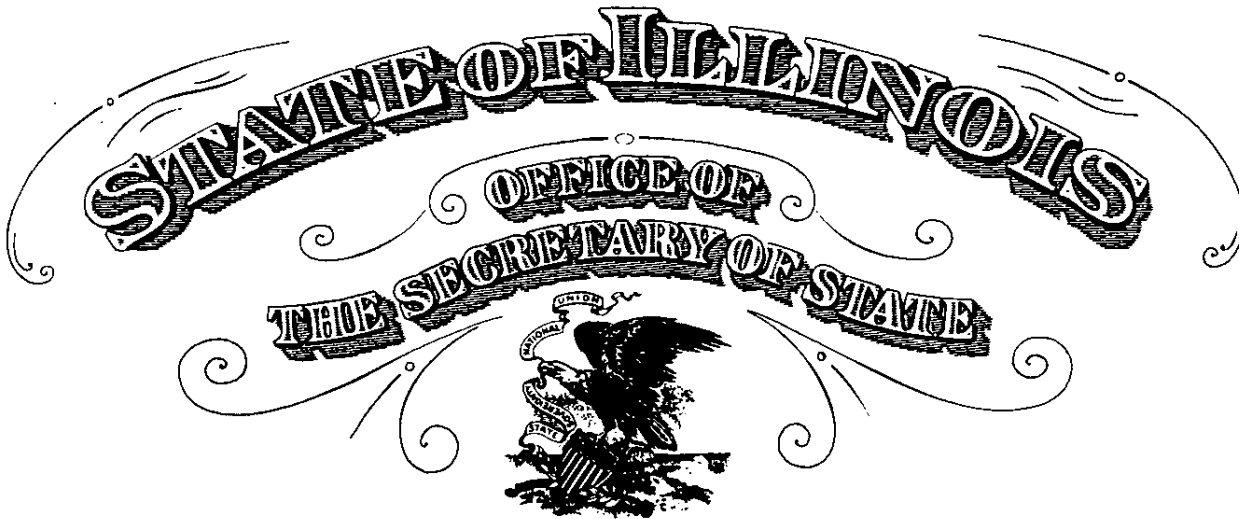
Peter T. Wall  
Signature of an authorized person

Peter T. Wall  
Typed or printed name of signer

FILED  
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STATE OF FLORIDA  
TALLAHASSEE

File Number

0647441-1



**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*

HEARTLAND DEVELOPMENT SERVICES-AVONLEA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 15, 2018, 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.

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2018 FEB 19 A 8 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**In Testimony Whereof, I hereto set**

*my hand and cause to be affixed the Great Seal of the State of Illinois, this 19TH day of FEBRUARY A.D. 2018 .*



Authentication #: 1805001064 verifiable until 02/19/2019

Authenticate at: <http://www.cyberdriveillinois.com>

*Jesse White*

SECRETARY OF STATE