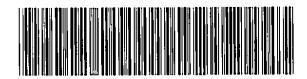
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(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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	Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

TO: Registration Section

Div	ision of Corporation	ons				
SUBJECT:	Gerstemeier Finance	cial Group, LLC				
3030001.		Name of	Limited Liability	Company		
					ransact Business in Florida," ty company to transact busin	
Please return	all correspondence	concerning this matter to the	e following:			
	Robert Gerstei	meier				
		٨	lame of Person	<del></del>		
	Gerstemeier F	inancial Group, LLC				
		F	irm/Company	<del>-, -</del> -,		
	6851 Clubside	Drive				
		_	Address			
	Loveland, OH	45140				
		City/S	State and Zip Code	•		
	rgerstemeier@g	-fg.com				
	<del></del>	E-mail address: (to be use	d for future annua	il report no	otification)	
For further in	nformation concernit	ng this matter, please call:				
Rot	pert Gerstemeier		630 at (	420-66		
	Name (	of Contact Person	Area Code	Day	rtime Telephone Number	
Divi Reg P.O.	ILING ADDRESS: ision of Corporation: istration Section Box 6327 ahassee, FL 32314			Division Registrat Clifton E 2661 Exc	of Corporations ion Section duilding recutive Center Circle see, FL 32301	
	check for the follow 125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ıg Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	

## 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:

name unavailable, enter alternate	name adopted for the purpose offransacting business in Flor	rida. The alternate name must include "Lamite	ed Liability Company," "L. L. C.'br "L
Illinois	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. 30-017-0255	and the state of t
	hich foreign limited habilitycompany is organized)		number, if applicable)
January 2018			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determine	registration.)	
6851 Clubside Drive	(See sections 603 0904 & 603 0905, F.S. to determine		
(Street Address of	Principal Office)	6(Mailing	Address)
Loveland, OH 45140			
			····
Name and street addre	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
Name:	Robert Gerstemeier		
	7024 Policen Per Plud Linis C 201	<del></del>	
Office Address:	7024 Pelican Bay Blvd. Unit F-301	<del></del>	
	Naples	, Florida <u>34108</u>	
gistered agent's accep	(City)	tZış	code)
ignated in this applica comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper s of my position as registered agent.	rocess for the above stated lim registered agent and agree to and complete performance of r	act in this capacity. I furi
ignated in this applica comply with the provisi	tion, I hereby accept the appointment as ions of all statutes relative to the proper of	registered agent and agree to	act in this capacity. I furi
signated in this applica comply with the provis	tion, I hereby accept the appointment as ions of all statutes relative to the proper of	registered agent and agree to and complete performance of r	act in this capacity. I furi
ignated in this applica comply with the provis d accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's statutes)	registered agent and agree to and complete performance of r	act in this capacity. I furi ny duties, and I am famili
ignated in this applica comply with the provis d accept the obligation	tion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.	iregistered agent and agree to and complete performance of r	act in this capacity. I furi ny duties, and I am famili 
signated in this applica comply with the provise d accept the obligation The name, title or capa	tion, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.  (Registered agent's statuty and address of the person(s) who have a not address:	registered agent and agree to and complete performance of r	act in this capacity. I furi ny duties, and I am famili
signated in this applica comply with the provise d accept the obligation The name, title or capa Title or Capacity:	ion, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.  (Registered agent's statity and address of the person(s) who has Name and Address:  Robert Gerstemeier  6851 Clubside Drive	iregistered agent and agree to and complete performance of r	act in this capacity. I furi ny duties, and I am famili 
signated in this application with the provised accept the obligation.  The name, title or capa Title or Capacity:	tion, I hereby accept the appointment as ions of all statutes relative to the proper of sof my position as registered agent.  (Registered agent's statity and address of the person(s) who has Name and Address:  Robert Gerstemeier	iregistered agent and agree to and complete performance of r	act in this capacity. I furi ny duties, and I am famili 
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The name, title or capa Title or Capacity:  Member  Member  Attached is a certificate isdiction under the law the translator must be so.  This document is exec	ion, I hereby accept the appointment as ions of all statutes relative to the proper is of my position as registered agent.  (Registered agent's staticity and address of the person(s) who has Name and Address:  Robert Gerstemeier 685! Clubside Drive Loveland, OH 45140  sary)  of existence, no more than 90 days old, do of which it is organized. (If the certificate abmitted)  uted in accordance with section 605.0203	ignature)  s/have authority to manage is/at  Title or Capacity:  duly authenticated by the official is in a foreign language, a trans	re:  Name and Address  I having custody of record slation of the certificate unware that any false informa
The name, title or capa Title or Capacity:  Member  Member  Attached is a certificate isdiction under the law the translator must be so.  This document is exec	ion, I hereby accept the appointment as ions of all statutes relative to the proper of of my position as registered agent.  (Registered agent's staticity and address of the person(s) who has Name and Address:  Robert Gerstemeier 685! Clubside Drive Loveland, OH 45140  sary)  of existence, no more than 90 days old, do of which it is organized. (If the certificate ibmitted)	ignature)  s/have authority to manage is/at  Title or Capacity:  duly authenticated by the official is in a foreign language, a trans	re:  Name and Address  I having custody of record slation of the certificate unware that any false informa



## 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

GERSTEMEIER FINANCIAL GROUP, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 28, 2003, 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 16TH day of FEBRUARY A.D. 2018.

Authentication #: 1804701052 verifiable until 02/16/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE