MI80000	0 28 56
(Requestor's Name) (Address) (Address)	300310851753
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	TALLAHASSEE FLORIDA
Certified Copies Certificates of Status	MAR 2 6 2008 J. HARRIS

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

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			ACCOUNT NO.			:	I200	000001	95		
				REFE	ERENCE	:	1288	04	5042630)	
			AUTH	IORI 2	LATION	: ,	Soul	Kole	han	ر	
			.	COST	LIMIT	:	\$/12	54.00			
ORDER	DATE	:	March	22,	2018						
ORDER	TIME	:	3:10	РМ							

•-

ORDER NO. : 128804-005

CUSTOMER NO: 5042630

FOREIGN FILINGS

NAME: SAND DEMAR, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

	COV	ER LETTER
	tration Section ion of Corporations	
SUBJECT:	Sand deMar, LLC	
Songeer	Name of Li	mited Liability Company
The enclosed " Existence, and	Application by Foreign Limited Liability Compa check are submitted to register the above referen	ny for Authorization to Transact Business in Florida," Certificate of ced foreign limited liability company to transact business in Florida.
Please return al	Il correspondence concerning this matter to the fo	bllowing:
	David R. Stallter	
	Nan	ne of Person
	Lillig & Thorsness, Itd.	
	Firr	n/Company
	1900 Spring Road, Suite 200	
		Address
	Oak Brook, IL 60523	
	City/Sta	te and Zip Code
	dstallter@lilliglaw.com	
	E-mail address: (to be used t	or future annual report notification)
For further info	ormation concerning this matter, please call:	
Dav	id R. Stallter	630 571-1900 at ()
<u> </u>	Name of Contact Person	Area Code Daytime Telephone Number
Divisi Regist P.O. B	LING ADDRESS: on of Corporations tration Section Box 6327 massee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
		□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate Certified Copy 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 FOREKON. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 Sand deMar, LLC

. .

If name unavailable, enter alternate r	name adopted for the purpose of transacting busine	a in Florida. The alternate	name must include "Linated Lia	bility Company," "L.L.C." or "I			
2 Delaware		3.					
duradiction under the law of w	hich forcign limited tability company is organized		(FEI mare	ber, if applacable}	(applacable)		
4							
•	(Date first transacted business in Florida, if (See sections 605,0904 & 605,0905, F.S. th	prior to registration.)		· · · · ·			
5 #5 Bel Aire Court	the reliance unition of unition 2 to 2 to	-		FAI A			
5. #D BELAIRE COURT (Street Address of)	Principal Office)	6. <u>#5</u>	Bel Aire Court	<u> </u>	_ 11		
Burr Ridge, IL 60527		Burr	Ridge, IL 60527		-		
			Ruge, IL 0027	<u> </u>	- passa		
				<u> </u>			
 Name and <u>street addres</u> 	is of Florida registered agent: (P.O	. Box <u>NOT</u> accept	table)		Contraction of the local division of the loc		
Name:	Corporation Service Company		_	. ORIC	1 ^{- 1} 548-1 1		
Office Address:	1201 Hays Street		_		e e		
	Tallahassee		, Florida <u>32301</u>				
D	(City)		(7.10 rod	e)			
Registered agent's accep	lance:	· · ·					
designated in this application	gistered agent and to accept servic tion, I hereby accept the appointm	e of process for th ent as realistened -	e above stated limited	liability company at t	he place		
o comply with the provisi	ons of all statutes relative to the pr	oner and complete	geni ana agree io aci e performance of muu	in this capacity. I fur duties and I am famil	ther agree		
and accept the obligations	of my position as registered agen		performance of my i	Roxanne) Turnor		
	VISCAM A	10 6		Asst. Vice	Procidont		
	(Been/erria	genti's segnature)	Chi		LIGSICIALI		
_		- • ·					
8. The name, title or capa	city and address of the person(s) wh						
Title or Capacity:	Name and Address:	<u>Title or</u>	Capacity:	Name and Address	<u>:</u>		
Manager	Pine Manor Manager, LL	с					
	#5 Bel Aire Court						
	Burr Ridee, IL 60527			- <u></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.

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Wesley J. Gibson, sole Manager of Pine Manor Manager, LLC

Typed or printed name of signce



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SAND DEMAR, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAND DEMAR, LLC" WAS FORMED ON THE SIXTEENTH DAY OF FEBRUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Becretary of Rate

Authentication: 202372940

6758976 8300

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SR# 20182121176 You may verify this certificate online at corp.delaware.gov/authver.shtml Date: 03-22-18

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