M180000003370

	(Requestor's Name)
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PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status

Special Instructions to Filing Officer:

W18-33002

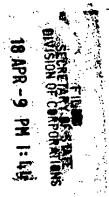
Spoke to Peter Giadla who gave permission to add the title manager to each authorized person.

Office Use Only



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B FIGUEROA APR 0 9 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 6, 2018

PETER GIADLA 600 W JACKSON BLVD STE 720 CHICAGO, IL 60661

SUBJECT: OAK LAWN -111TH & CICERO, LLC

Ref. Number: W18000033002

We have received your document for OAK LAWN -111TH & CICERO, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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.

Brittany M Figueroa Regulatory Specialist II Registration/Qualification Section

Letter Number: 718A00007022

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:		H & CICERO, LLC an Illin	ois Limited Liabi	ility Company	
		Name of I	imited Liability	Company	-
				ation to Transact Business in Florida ted liability company to transact bus	
Please retur	n all correspondence c	oncerning this matter to the	following:		
	PETER GIADL	A			
		Na	me of Person		_
	SENECA REAI	L ESTATE GROUP			
		Fir	m/Company		_
	600 W. JACKS	ON BLVD., SUITE 720			
			Address		_
	CHICAGO, IL	60661			
		City/St	ate and Zip Code	;	-
	PGIADLA@SEN	IECA-RE.COM			
		E-mail address: (to be used	for future annual	l report notification)	_
For further i	information concerning	g this matter, please call:			
PE	TER GIADLA		312 _ at (961-1743	
	Name o	f Contact Person	Area Code	Daytime Telephone Number	
Di [·] Re P.0	AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 llahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	a check for the follows \$125.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy		Certificate opy

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	ame adopted for the purpose of transacting business in Flo	orida. The alternate accur	a must include "T include	d Liability Company " "L L C " or "LLC"	
	ame adopted for the purpose of transacting business in Fi			d Liability Company, L.L.C, or Lic.	
LLINOIS (Jurisdiction under the law of wh	nich foreign limited liability company is organized)	3. 82-256		number, if applicable)	
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)			
2500 E. DEVON AVE			DEVON AVE	SINTE 200	
(Street Address of P		6. 2500 E. DEVON AVE., SUITE 200 (Mailing Address)			
DES PLAINES, IL 600	018	DES PL	AINES, IL 600	018	
Name and <u>street addres</u> Name:	s of Florida registered agent: (P.O. Box	x <u>NOT</u> acceptab	le)		
Office Address:	631 ISLAND WAY				
	CLEARATER BEACH		Florida 33767		
		,	riorida == -		
ving been named as reg ignated in this applical comply with the provisi	gistered agent and to accept service of ion, I hereby accept the appointment a ons of all statutes relative to the proper of my position as registered agent.	process for the a as registered age.	Zip bove stated lim. nt and agree to	act in this capacity. I furthe	
rving been named as reg signated in this applicat comply with the provisi	tance: gistered agent and to accept service of tion, I hereby accept the appointment a ons of all statutes relative to the proper	process for the a as registered age. r and complete p	Zip bove stated lim. nt and agree to	ited liability company at the act in this capacity. I furthe	
ving been named as reginated in this applicate omply with the provision accept the obligations. The name, title or capa	tance: gistered agent and to accept service of gistered agent and to accept service of gion, I hereby accept the appointment a cons of all statutes relative to the proper of my position as registered agent. (Registered agent's city and address of the person(s) who have	process for the as registered age, rand complete p	bove stated lim nt and agree to erformance of t to manage is/ar	ited liability company at the act in this capacity. I furthe my duties, and I am familiar	
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Typed or printed name of signee

File Number

0643612-9



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

OAK LAWN - 111TH & CICERO, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 16, 2017, 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 3RD

day of

APRIL

A.D.

2018

Authentication #: 1809302308 verifiable until 04/03/2019

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

se White

SECRETARY OF STATE