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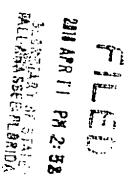
(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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APR 12 7 TO THE LARRIS

COVER LETTER

. TO: · Registration Section

Division of Corporations							
SUBJECT:	Bottleneck Orland	do LLC					
,	Name of Limited Liability Company						
The enclosed Existence, and	"Application by Fo I check are submitte	reign Limited Liability Com ed to register the above refer	pany fo enced f	r Authoriza oreign limi	ation to Tr ted liabilit	ansact Business in Florida," y company to transact busine	Certificate of ess in Florida.
Please return :	all correspondence	concerning this matter to the	follow	ing:			
	Megan Water	s					
		N	ame of	Person			
	BUPD Law L	td.					
	Firm/Company						
	225 West Illinois Street, Suite 300						
	Address						
	Chicago, Illinois 60654						
	City/State and Zip Code						
	mwaters@bupd	llaw.com					
		E-mail address: (to be use	d for fu	ture annual	report no	tification)	
For further inf	ormation concernin	g this matter, please call:					
Me _i	gan Waters		at (312)	475.9900 ext. 228	
	Name o	of Contact Person		Area Code	Day	time 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 Circ Tallahassee, FL 32301		of Corporations ion Section uilding cutive Center Circle		
Enclosed is a c	theck for the follow 25.00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status		55.00 Filin fied Copy	g Fee &	☐ \$160.00 Filing Fee, Cer of Status & Certified Copy	



March 30, 2018

MEGAN WATERS 225 W ILLINOIS ST, SUITE 300 CHICAGO, IL 60654

SUBJECT: BOTTLENECK ORLANDO LLC

Ref. Number: W18000030938

We have received your document for BOTTLENECK ORLANDO LLC and your check(s) totaling \$125.00. However, the enclosed document has not been file and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 018A00006488

RECEIVED 118 APR 11 PH 3:21 DEPARTMENT OF STE TAYISION OF CORNORFE

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. Bottleneck Orlando 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 "L.L.C," o Delaware 3. 82-4775541 (Jurisdiction under the law of which foreign innited liability company is organized) (FE: number, if applicable) 03/13/2018 Bottleneck Management Inc. Bottleneck Management Inc. (Street Address of Principal Office) (Mailing Address) 2211 N. Elston Avenue, Suite 206 2211 N. Elston Avenue, Suite 206 Chicago, Illinois 60614 Chicago, Illinois 60614 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Cogency Global Inc. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee 32301 Florida (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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Nathan Hilding Manager 2211 N. Elston Ave. Ste 206 Chicago, Illinois 60614 (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. en mehorized person Nathan Hilding

Typed or printed name of signer



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BOTTLENECK ORLANDO 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 NINETEENTH DAY OF MARCH, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "BOTTLENECK ORLANDO LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2018.

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



6795271 8300 SR# 20182012802

Authentication: 202351796

Date: 03-19-18