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то:		ration Section n of Corporation	s				
SUBJEC		st Hickory Proper					
SOBIL	. I			Limited Liability (lompany		
			eign Limited Liability Comp d to register the above refere				
Please re	eturn all	correspondence c	oncerning this matter to the	following:			
		Richard Derdzii	nski				
			N:	ime of Person		,,,,,,,,,,,	
			Fi	rm/Company	<u> </u>		
		5600 Hammock		, ,			
				Address			
		Naples/F1, 3411	9				
			City/Si	ate and Zip Code			
		rd5700@gmail.ec	om				
			E-mail address: (to be used	l for future annual	report not	ification)	
For furth	ier infor	mation concerning	this matter, please call:				
	Richard	d Derdzinski		312 _ at (608-57(_))(1	
	•	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	Divisio Registr P.O. Be	ING ADDRESS: n of Corporations ation Section px 6327 assec, F1, 32314			Division of Registrati Clifton B 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, F1, 32301	
		eck for the followi 5.00 Filing Fee	ng amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155,00 Filin Certified Copy	ig Fee &	☐ \$160,00 Filing Fee, Ce of Status & Certified Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605-0002, FLORIDA STATUTEN THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	ame adopted for the purpose of transacting b	ousiness in Florida. The	alterrate name must include "	Limited Liabili	ty Company," "L I	, C," or "LLC")
Illinois		3	47-5522295			
(Jurisdiction under the law of w	nich foreign limited hability company is orga	anized)		(FEI number,	(f applicable)	_
	(1) - 6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	de Como to caso to co				
	(Date first transacted business in Flor (See sections 605 0904 & 605 0905)	F.S. to determine penalt	y hability)			
5600 HAMMOCK 181 (Street Address of 1		6.	·	Mailing Address	٠١	
NAPLES, FL 34119	Curcipal Counces		ν.	Tarring Address	''	9 0
	<u> </u>				· .	- =
						1
Name and street address	s of Florida registered agent: ((P.O. Box <u>NOT</u>	[acceptable]		<u>.</u>	1
	Richard Derdzinski		- '		; 	超 19
Name:					 - -	***
Office Address:	5600 Hammock Isles Drive				2	:: fe
	Naples		, Florida <u>34</u>	H9	,	g-
	(C)	y)		(Zip code)		
comply with the provisi d accept the obligation	tion, I hereby accept the applo ons of all statutes relative by a s of my position of registered	he proper and co	omplete performane	e of ny du	ties, and I a	m fumiliar w
id accept the obligation	of my position of registered (Registered	agent.			tics, and I a	m fumiliar w
nd accept the obligation The name, title or cap:	(Regularly and address of the person	sered agent's signature; (s) who has/have	authority to manage			
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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

FIRST HICKORY PROPERTIES LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 06, 2015, 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 24TH day of MAY A.D. 2018.

Authentication #: 1814402926 verifiable until 05/24/2019
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE