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COVER LETTER

TO:

TO:	Registration Section Division of Corporation	ns				
SUBJI	WASO3, LLC					
aubii	ECT:	Name of	Limited Liability C	ompany		
The en Exister	sclosed "Application by Fornce, and check are submitte	eign Limited Liability Com d to register the above refer	pany for Authorizatenced foreign limit	tion to Tra ed liability	insact Business in Florida," Certific company to transact business in F	cate of Torida.
Please	return all correspondence of	concerning this matter to the	following:			
	BRIAN WASC	WICZ				
		N	ame of Person	_		
	WASO3, LLC					
	-	F	irm/Company			
	P O BOX 434					
			Address			
	ŁOCKPORT, I	L 60441				
	 -	City/S	State and Zip Code			
	mschafer@triple	-				
		E-mail address: (to be use	d for future annual	report not	ification)	
For fu	rther information concerning	g this matter, please call:				
	MICHELE SCHAFER		815 at (660-63	13	
	Name o	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section suilding secutive Center Circle see, FL 32301	
Enclos	sed is a check for the follow ☐ \$125.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Certificat of Status & Certified Copy	.c

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

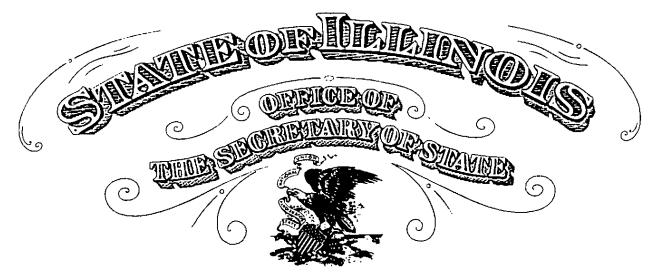
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Name: JOSE LOPEZ Office Address: 217 ALEXANDER ESTATE DRIVE AUBURNDALE (City) (City) 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent. (Registered agent's signature)	if name unavailable, enter alternate r	ame adopted for the purpose of transacting bus	siness in Florida. The alterna	te name must include "Limited Lia	ibility Company," "LLC," or "l	ԼԼՀՀ.*)
(PEI number, if applicable) NOT STARTED (Date first transacted business in Florida, if prior to regustration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) [Sincert Address of Principal Office) LOCKPORT, IL 60441 [Sincert Address of Principal Office) LOCKPORT, IL 60441 [OKPORT, IL 60441-0434] [OKPORT, IL 6041-0434] [ILLINOIS		3 45	-3513325		
(Date limit transacted business in Florida, if prior to registration) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) [See sections 605.0904 & 605.0905, F.S. to determine penalty liability) [Suret Address of Principal Office) [CockPORT, IL 60441] [CockPORT, IL 6044] [CockPORT, IL 60	(Jurisdiction under the law of w	hich foreign limited liability company is organi	ized)	(FEI num	ber, if applicable)	_
(See sections 605.0944 & 605.0905, F.S. to determine penalty liability) 1. 14729 S NEW AVE (Street Address of Principal Office) LOCKPORT, IL 60441 DOCKPORT, IL 60441 LOCKPORT, IL 60441-0434 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: JOSE LOPEZ Office Address: AUBURNDALE (City) (City) 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further occumply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/arc: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name and Address:	NOT STARTED					
(Street Address of Principal Office) LOCKPORT, IL 60441 LOCKPORT, IL 60441 LOCKPORT, IL 60441 LOCKPORT, IL 60441-0434 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: JOSE LOPEZ 217 ALEXANDER ESTATE DRIVE AUBURNDALE (City) (Registered agent and to accept service of process for the above stated limited liability company at the designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent. (Registered agent's signature) 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: Name and Address:	·	(Date first transacted business in Florida (See sections 605.0904 & 605.0905, F.5	a, if prior to registration.) S. to determine penalty liabil	ity)		
(Street Address of Principal Office) LOCKPORT, IL 60441 LOCKPORT, IL 60441 LOCKPORT, IL 60441 Name: JOSE LOPEZ Office Address: 217 ALEXANDER ESTATE DRIVE AUBURNDALE (City) 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia and accept the obligations of my position as registered agent. (Registered agent's signature) 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: MANAGER BRIAN WASOWICZ PO BOX 434	14729 S NEW AVE		₆ PC	D BOX 434		
Name: JOSE LOPEZ Office Address: 217 ALEXANDER ESTATE DRIVE AUBURNDALE (Cay) (Cay) (Cap 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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I furth to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familia 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: MANAGER BRIAN WASOWICZ PO BOX 434	(Street Address of			(Mailing Add		
Name: JOSE LOPEZ Office Address: 217 ALEXANDER ESTATE DRIVE AUBURNDALE (City) Florida 33823 (City) (Cit	LOCKPORT, IL 6044		<u>LO</u>		34	_
Office Address: 217 ALEXANDER ESTATE DRIVE AUBURNDALE (City) (City					- 3 . S	
Name: JOSE LOPEZ Office Address: 217 ALEXANDER ESTATE DRIVE AUBURNDALE (City) Florida 33823 (City) (Cit						
Office Address: 217 ALEXANDER ESTATE DRIVE AUBURNDALE (City) (City	 Name and street address 	ss of Florida registered agent: (F	P.O. Box NOT acco	eptable)		
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9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records	designated in this application comply with the provisuand accept the obligation 8. The name, title or cap Title or Capacity: MANAGER (Use attachments if neces	egistered agent and to accept servition, I hereby accept the appointions of all statutes relative to this sof my position as registered against acity and address of the person(s Name and Address: BRIAN WASOWICZ POBOX 434 LOCKPORT IL 6044	ered agent's signature) s) who has/have auth Title	d agent and agree to act lete performance of my nority to manage is/are: or Capacity:	Name and Addres	rther villar w
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Typed or printed name of signee

File Number

0371326-1



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

WASO3, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 30, 2011, 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 #: 1814400898 verifiable until 05/24/2019

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

Desse White

SECRETARY OF STATE