# M1800000 5922

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

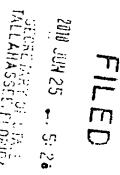




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06/06/18--01012--017 \*\*87.50

06/26/18--01002--032 \*\*72.50







#### FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2018

THEODORE KING 1001 AUCUTT RD MONTGOMERY, IL 60538

SUBJECT: LION PRIDE LLC Ref. Number: W18000052890

We have received your document for LION PRIDE LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 318A00011806

Next conected form

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

#### COVER LETTER

TO:	Registration Section Division of Corporatio	ns				
SUBJ	Lion Pride, LLC					
300		Name of	Limited Liability C	ompany	<del> </del>	
					ansact Business in Florida," Certifica y company to transact business in Flo	
Please	return all correspondence	concerning this matter to the	following:			
	Theodore M. K	ing				
	<u></u>	N	ame of Person		· ·· · · · ·	
	Lion Pride, LL	С				
		F	irm/Company			
	1001 Aucutt Ro	oad				
			Address			
	Montgomery,	IL 60538				
	<del>-</del>	City/S	tate and Zip Code			
	tking@lionpride	llc.com				
		E-mail address: (to be use	d for future annual	report no	tification)	
For fu	rther information concerning	ng this matter, please call:				
	Theodore M. King		708 at (	751-38	881	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporation			Division	ADDRESS: of Corporations	
	Registration Section P.O. Box 6327			Clifton B		
	Tallahassee, FL 32314				ecutive Center Circle see, FL 32301	
Enclos	sed is a check for the follow	•				
	□ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	■ \$160.00 Filing Fee, Certificate 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 FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lion Pride of Florida, LL			
	ame adopted for the purpose of transacting business in F	Florida. The alternate name must include "Limited	Liability Company," "L.L.C," or "LLC,")
2. Illinois		3. 47-1284507	
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI)	number, if applicable)
4 January 1, 2018			
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter		
5 1001 Aucutt Rd		6. SAME	
(Street Address of	Principal Office)	(Mailing	Address)
Montgomery, IL 605	38		
			AZ 2011
7. Name and street addre	<u>ss</u> of Florida registered agent: (P.O. Bo	ox <u>NOT</u> acceptable)	TIJUN 2
Name:	Monty Enoch		SE SE
Office Address:	4137 Bay Beach Lane #5P3		
	Fort Myers Beach,	Florida33931	
	~	. Fiolica	<u></u> 500 N
Having been named as r designated in this applica to comply with the provis	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properts as of my position as registered agent.	(Հ.դ. of process for the above stated limit as registered agent and agree to	act in this capacity. I further agr
Having been named as r designated in this applica to comply with the provis	ptance: egistered agent and to accept service o ation, I hereby accept the appointment tions of all statutes relative to the prop	f process for the above stated limit as registered agent and agree to er and complete performance of the state of the stat	ited liability company at the place act in this capacity. I further agr
Having been named as r designated in this applica to comply with the provis and accept the obligation	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the propos as of my position as registered agent.  (Registered agent	of process for the above stated limit as registered agent and agree to er and complete performance of the signature)	ited liability company at the place act in this capacity. I further agr my duties, and I am familiar with
Having been named as r designated in this applica to comply with the provis and accept the obligation	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the propos as of my position as registered agent.	of process for the above stated limit as registered agent and agree to er and complete performance of the signature)	ited liability company at the place act in this capacity. I further agr my duties, and I am familiar with
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designated in this applicate comply with the provisand accept the obligation  8. The name, title or cap	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent.  (Registered agent accity and address of the person(s) who Name and Address:  Shawn Enoch  1412 Rock Ridge Ln Lake Geneva, II. 53147  Theodore M. King	of process for the above stated limit as registered agent and agree to er and complete performance of the signature.  This is signature.  has/have authority to manage is/ar  Title or Capacity:	ted liability company at the place act in this capacity. I further agring duties, and I am familiar with the company at the place with the pl
Having been named as r designated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity: Managing Partner	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent.  (Registered agent accity and address of the person(s) who Name and Address:  Shawn Enoch  1412 Rock Ridge Ln Lake Geneva, II. 53147	of process for the above stated limit as registered agent and agree to er and complete performance of the signature.  This is signature.  has/have authority to manage is/ar  Title or Capacity:	ted liability company at the place act in this capacity. I further agring duties, and I am familiar with the company at the place with the pl
Having been named as r designated in this applicate comply with the provise and accept the obligation  8. The name, title or cap Title or Capacity: Managing Partner	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent.  (Registered agent accity and address of the person(s) who Name and Address:  Shawn Enoch  1412 Rock Ridge Ln Lake Geneva, II. 53147  Theodore M. King  1001 Aucutt Rd  Montgomery, IL 60538	of process for the above stated limit as registered agent and agree to er and complete performance of the signature.  This is signature.  has/have authority to manage is/ar  Title or Capacity:	ted liability company at the place act in this capacity. I further agring duties, and I am familiar with the company at the place with the pl
Having been named as r designated in this applicate to comply with the provisand accept the obligation  8. The name, title or cap Title or Capacity:  Managing Partner  CFO  (Use attachments if neces).	ptance: egistered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properties of my position as registered agent.  (Registered agent and address of the person(s) who Name and Address:  Shawn Enoch  1412 Rock Ridge Ln Lake Geneva, II. 53147  Theodore M. King  1001 Aucutt Rd Montgomery, IL 60538  ssary) et of existence, no more than 90 days oke of which it is organized. (If the certific	f process for the above stated limit as registered agent and agree to er and complete performance of the signature)  has/have authority to manage is/ar  Title or Capacity:  Manager  d, duly authenticated by the officia	ited liability company at the place act in this capacity. I further agring duties, and I am familiar with e:  Name and Address:  Monty Enoch 4137 Bav Beach Lane #5P. Fort Myers Beach, FL 339.

Typed or printed name of si gnee

#### File Number

0467464-2



### 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

LION PRIDE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 03. 2014. 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 13TH day of JUNE A.D. 2018.

Authentication #: 1816401306 verifiable until 06/13/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE