

MIB000006H30

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
Elmdale Commercial, LLC**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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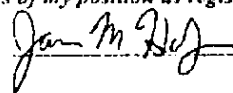
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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. ELMDALE COMMERCIAL, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")
2. ILLINOIS
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 45-1844382
(EIN number, if applicable)
4. _____
(Date first transacted business in Florida, if prior to registration.
(See sections 605.0904 & 605.0905, P.S. to determine penalty liability.)
5. 5301 DEMPSTER STREET, STE 300
(Street Address of Principal Office)
SKOKIE, IL 60077
6. 5301 DEMPSTER STREET, STE 300
(Mailing Address)
SKOKIE, IL 60077
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: C T CORPORATION SYSTEM
Office Address: 1206 SOUTH PINE ISLAND ROAD
PLANTATION, Florida 33324
(City) (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.



James M. Halpin

Assistant Secretary

(Registered agent's signature)

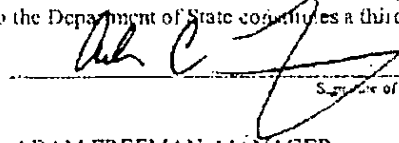
8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MANAGER	THOMAS BRETZ 5301 DEMPSTER ST #300 SKOKIE IL 60077	MANAGER	ADAM FREEMAN 5301 DEMPSTER ST #300 SKOKIE IL 60077

(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.



Signature of an authorized person

ADAM FREEMAN, MANAGER

Typed or printed name of signer

File Number

0358549-2



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

ELMDALE COMMERCIAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 20, 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 12TH
day of JULY A.D. 2018 .***

Jesse White

SECRETARY OF STATE