

K. SALY  
JUL 25 2018

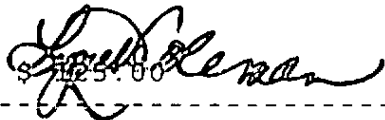
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 317178 7521141

AUTHORIZATION :

COST LIMIT : \$ 125.00



ORDER DATE : July 24, 2018

ORDER TIME : 1:10 PM

ORDER NO. : 317178-025

CUSTOMER NO: 7521141

FOREIGN FILINGS

NAME: MK 4TH ST, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX\_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MK 4TH ST, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

C/O ANDREW DAVID KLABER

Name of Person

Firm/Company

43 WEST 13TH STREET, APT. 2

Address

NEW YORK, NEW YORK 10017

City/State and Zip Code

ANDREW.KLABER@GOOGLEMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew Klaber  
~~847-345-1159~~ 345-2948  
at (847) ~~345-1159~~  
Name of Contact Person Area Code Daytime 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 Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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:

1. MK 4TH ST, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC")

(If name not verifiable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. NEW YORK 3. 812930056  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 43 WEST 13TH STREET, APT. 2 6. c/o ANDREW DAVID KLABER  
(Street Address of Principal Office) (Mailing Address)  
NEW YORK, NY 10011 43 WEST 13TH STREET, APT. 2  
NEW YORK, NY 10011

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(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.

By: Roxanne Turner  
(Registered agent's signature)

Roxanne Turner  
Asst. Vice President

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:
<u>Sole Member</u>	<u>1110 Knollwood Drive</u> <u>Buffalo Grove, IL 60089</u> <u>ATTN: MONA Debra</u> <u>Kleber</u>		

(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.

Mona Kleber  
(Signature of authorized person)

Mona Debra Kleber

(Typed or printed name of signer)

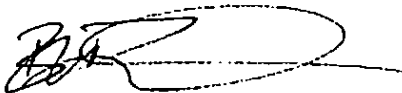
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18 JUL 24 AM 10:27  
CLERK OF STATE

**State of New York**  
**Department of State** } **SS:**

*I hereby certify, that MK 4TH ST, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/14/2016, and that the Limited Liability Company is existing so far as shown by the records of the Department.*

\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 23rd day of July  
two thousand and eighteen.*



Brendan W. Fitzgerald  
Executive Deputy Secretary of State



FILED  
18 JUL 24 AM 10:27  
DEPARTMENT OF STATE  
ALBANY, NEW YORK