

M1800000 7132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

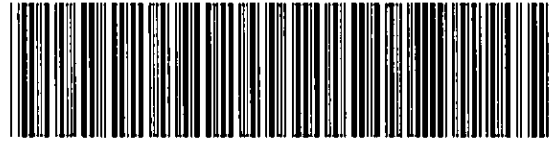
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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8-3-18



LAW OFFICES

WOLIN & ROSEN, LTD.

55 WEST MONROE STREET 312-424-0600 TEL

SUITE 3600 312-424-0660 FAX

CHICAGO, IL 60603 www.wolinlaw.com

31 July 2018

Florida Dept. of State  
Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Rosebud of Boca, LLC  
WR# 11182.14197

Dear Sir/Madam:

Enclosed for filing is an Application by Foreign Limited Liability Company for Authorization to Transact Business in the State of Florida along with a check in the amount of \$125.00 for fees. Please return a filed copy to our offices.

Sincerely,

Wolin & Rosen, Ltd.

A handwritten signature in cursive script, appearing to read 'Wendy Childress'.

Wendy Childress  
Legal Assistant

Enclosures

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROSEBUD OF BOCA 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:

PHILIP S. WOLIN

\_\_\_\_\_  
Name of Person

WOLIN & ROSEN, LTD.

\_\_\_\_\_  
Firm/Company

55 WEST MONROE STREET, SUITE 3600

\_\_\_\_\_  
Address

CHICAGO, IL 60603

\_\_\_\_\_  
City/State and Zip Code

PWOLIN@WOLINLAW.COM

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

For further information concerning this matter, please call:

PHILIP S. WOLIN

312

424-0600

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
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:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$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:

1. ROSEBUD OF BOCA LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. ILLINOIS  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1376666  
(FEI number, if applicable)

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

5. 1419 WEST DIVERSEY PARKWAY  
(Street Address of Principal Office)  
CHICAGO, IL 60614

6. 1419 WEST DIVERSEY PARKWAY  
(Mailing Address)  
CHICAGO, IL 60614

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

Name: C T Corporation System

Office Address: 1200 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:

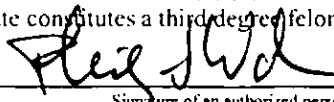
Title or Capacity: Name and Address: Title or Capacity: Name and Address:

MANAGER  
ALEX DANA  
1419 W. DIVERSEY PKWY  
CHICAGO, IL 60614

(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

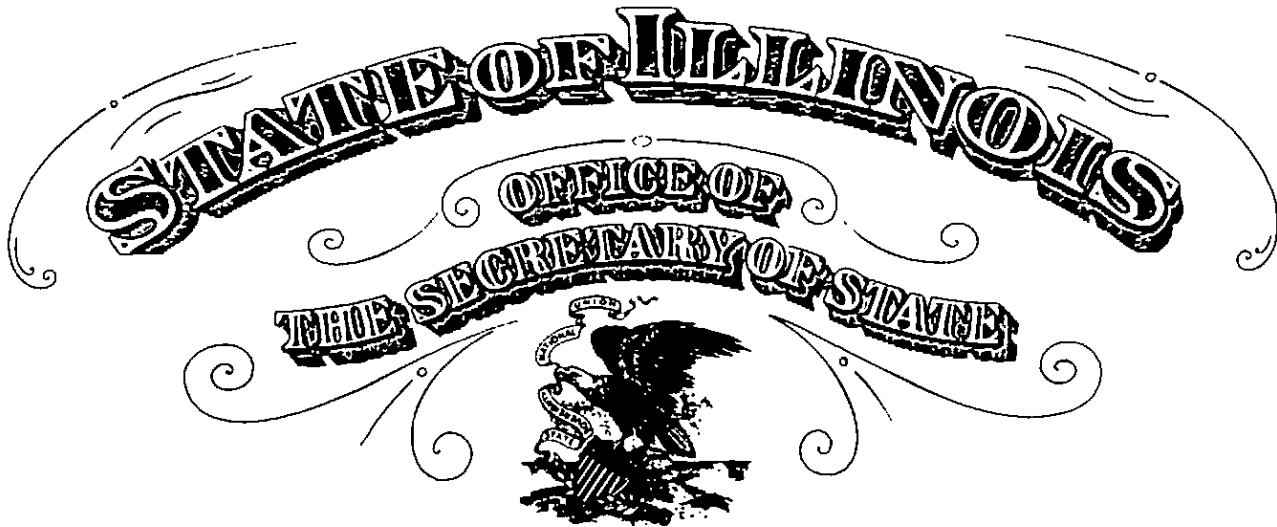
Philip S. Wolin

Typed or printed name of signer

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2018 AUG - 1 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

File Number

0709019-6



**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*

ROSEBUD OF BOCA LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 25, 2018, 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 31ST  
day of JULY A.D. 2018 .***

*Jesse White*

SECRETARY OF STATE