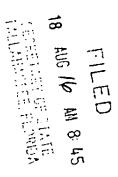
M18000001646

∤ :				
(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:				
ung form 1/18-74795				
Office Use Only				



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RESUBMIT

Please give original submission date as file date.

FLORIDA DEPARTMENT OF STATE Division of Corporations

August 17, 2018

CSC

SUBJECT: ILLINOIS AVENUE PARTNERS LLC

Ref. Number: W18000074795

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

The form you submitted is for a CORPORATION, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 618A00017067

18 AUG 20 AB 10: 48

	SERVICE COMPANY			
1201 Hays Str Tallhassee, F	rį. 32301			
Phone: 850-55	58-1500 			
	ACCOUNT NO. : 12000000195			
	REFERENCE : 350836 4327615			
	AUTHORIZATION: Spelbolenan			
	COST LIMIT : \$ 125.00			
ORDER DATE :	August 15, 2018			
ORDER TIME	5:43 PM			
ORDER NO.	350836-005			
CUSTOMER NO:	4327615			
FOREIGN FILINGS				
NAME: ILLINOIS AVENUE PARTNERS LLC				
XXXX QUALIFI	CATION (TYPE: <u>LL</u>)			
PLEASE RETURN	THE FOLLOWING AS PROOF OF FILING:			
XX PLAIN	IFIED COPY N STAMPED COPY IFICATE OF GOOD STANDING			
CONTACT PERSO	ON: Roxanne Turner EXT# 62969			
	EXAMINER:			

COVER LETTER

TO: Registration S Division of Co	ection			
	Avenue Partners LLC			
SUBJECT:	Name of corporati	ion - must include suffix		
Dear Sir or Madam:				
"Certificate of Exister	ation by Foreign Corporation face," or "Certificate of Good Sign corporation to transact busing	for Authorization to Transact Business in Florida,' standing' and check are submitted to register the siness in Florida.	•	
Please return all corre Michael Winton	spondence concerning this mat	itter to the following:		
	Name	of Person		
Illinois Avenue Partner	s LLC			
	Firm/C	Company		
12445 62nd Street N., 5	Suite 305			
	Ad	ddress		
Largo, FL 33773				
		te and Zip code		
michael.winton@illino				
	E-mail address: (to be use	sed for future annual report notification)		
For further informati	on concerning this matter, plea	ase call:		
Jane Siegfried	215 at (864-8538		
Name of Per		Code Daytime Telephone Number		
	OURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Execut Tallahassee,	ive Center Circle FL 32301	Tallahassee, FL 32314		
Enclosed is a check	for the following amount:			
S70.00 Filing Fee	e S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & ☐ \$87.50 Filing F Certified Copy Certificate of S Certified Copy	Status	

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

	TKON 60\$ 0902. FLORIDA STATUTIS, THE FO SINESS INTHE STATE OF FLORIDA:	LLOWING IS SUBMITTED TO REGI	TRANGERMALI ZIKINOGA KITI
Illinois Avenue Partners	s LLC		
	Limited Liability Company, must include "Limited	Liability Company, "L.I.C., or "I.I.C.	',
(If name unavailable, enter alternate to	east adopted for the purpose of transacting because in files	da "The afternate more most michale "formted i i	ability Company, "I, I C " or "II C ")
) Delaware	į.	3	
(Jurisdiction under the law of w	ach leverge lensted habitity company is organized)	(FL) was	other at applicable)
4 January 26, 2018			6
4. 321021 20. 2016	(Date bru transcerd business in Flurids, if prior to re	nuruse, l	
	(Date that transacted business in Florida, if prior to re (See sections 605 0004 dt 605 0005, F.S. to determine	penalty latein)	
speed Address of P		6 (Mailing Ad	
Largo, Fl. 33773	TELEPLE (MECH)	(esettada vo	wasi
	 		<u> </u>
			8 NO 16 N 8 45
Name and street address	<u>s</u> of Florida registered agent: (P.O. Box.)	NOT acceptable)	<u> </u>
Name:	Richard Gifford		·
,			
Office Address:	12445 62tid Street N., Suite 305		
	Largo	, Florida 33773 (7#100	
	(('n')	(7ap co	ic)
Registered agent's accep-			
Having been named as re-	gistered agent and to accept service of pretion. I hereby accept the appointment as	cocess for the above stated limited	liability company at the place
to comply with the provisi	ons of all statutes relative to the proper a	regideren agentana agree to act ind complete performance of mv	duties, and I am familiar with
and occups the obligations	of my position as registered agent.	!	- ····· , -··· - · · , -···· · · · · · · · · · · · · · · · ·
	By 7.971	استريث	
	(Regintary agest a fee	pulse)	
 The name, title or caps Title or Capacity: 	wity and address of the person(s) who has		Non-control of
	Name and Address:	Title or Capacity:	Name and Address:
Co-President	Michael Winton		
	12445 62nd Street N. Stc 305 Largo FL 33773		****
	Inchia de la companya		
Co-President	Richard (Rifford		
······································	12445 62rd Street N. Ste 305	(Trains, and Translation Translation and Tran	
	Largo Fl. 33773		
(Use attachments if necess	entr')		
O to a bound in a manifement		december of man 11 and 188 2.11	
invisitation under the law	of existence, no more than 90 days old, du of which it is organized. (If the certificate i	is in a livrien language, a (modul) ha	ving custody of records in the
of the translative must be u			car of the certain are unucl train
			•
10. This document is execu-	and in accordance with section 605,0203 (1) (b), Florida Statutes, Lam nome	e that any false information
SUPERIOR OF A CASCRIFICATION	the Department of State constitutes a third	ractive remay as burneted for in a	3817 185, I/S.
	Squares et.	מוניביא ליינוי מיניביא איינייייייייייייייייייייייייייייי	**
	The other 1 (3) (Similar		
	Richard Giffini	•	
	I Bada a	Party and the second	
	I Persol or per	ment ments of Appear	

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ILLINOIS AVENUE PARTNERS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTEENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ILLINOIS AVENUE PARTNERS LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JANUARY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203254428

Date: 08-15-18

6728645 8300

SR# 20186191717

You may verify this certificate online at corp.delaware.gov/authver.shtml