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Account#: I20000000088

Date:	10/23/2018		
Name:	Marisa Kugelmann		
Reference #	1005838		
	545 V	VYN, LLC	
	es of Incorporation/Authorization t		
☐ Amen	dment		
Change of Agent			
Reinstatement			
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☐ Disso	lution/Withdrawal		
Fictition	ous Name		
Other			
Authorized A	mount: \$\25.00		
Signature: <u>Y</u>	naisself	<del></del>	

F: 800.944.6607

F: +852.2682.9790



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Account#: I20000000088

Name:	Marisa Kugelmann		
Reference #:_	1005838		
Entity Name: 545 WYN, LLC			
	s of Incorporation/Authorization t		
Amend	ment		
Change of Agent			
Reinstatement			
☐ Conversion			
☐ Merger			
☐ Dissolu	ution/Withdrawal		
Fictitious Name			
Other_			
	nount: \$125.00		

F: 800.944.6607

## 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: 545 Wyn, LLC (Name of Fureign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LL.C." or "LL.C.") (FEI number, if applicable) (Junisdiction under the law of which foreign limited frability company is organized) (Date first trensacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability) 1330 W. Fullon Street, Suite 800 1330 W. Fullon Street, Suite 800 (Mailing Address) (Street Address of Principal Office) Chicago, Illinois 60607 Chicago, Illinois 60607 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: 115 North Calhoun Street, Suite 4 Office Address: Tallahassee , Florida\_\_ 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. 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: Name and Address: Title or Capacity: 545 Wyn Mezz, LLC Member 1330 W Futon Sute \$00 Chicago, IZnois 60607 (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 605.020 (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State Constitutor a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Andrew Gloor

1 yped or printed raine of signee

Page 1



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

DELAWARE, DO HEREBY CERTIFY "545 WYN, 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 TWENTY-THIRD DAY OF OCTOBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "545 WYN, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2018.

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

Taveld Popular

Authentication: 203663187

Date: 10-23-18