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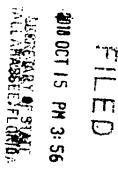
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EXAMINER

COVER LETTER

Registration Section

TO:

Divisio	n of Corporation	IS .					
SUBJECT:	Finan	cial <u>Litigat</u> Name of	Limited Liability Co	ompany	nts CLC		
The enclosed "A Existence, and c	Application by For theck are submitte	eign Limited Liability Comp d to register the above refere	oany for Authorizati enced foreign limite	ion to Tran d liability (sact Business in Flori company to transact b	da," Certifi ousiness in I	cate of Florida.
Please return all	correspondence c	oncerning this matter to the	following:				
		Mark AN	ich las				
		N	ame of Person				
	- Kin	arcial Lite	ation Co.	NU/1.	ontr CLC		
		F	irm/Company				
	2	712 McG	aw Dr				
			Address				
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		E-mail address: (to be use	d for future annual	report notif	fication)	数 cu	}
		g this matter, please call:				PH 3: 51	
_ <i>M</i>	Tark N	Cholast Person	at (309) 821	1 - 3/65	: 56	
	Name (of Contact Person	Area Code	Dayti	ime rerephone Nume		
Divisio Regist P.O. B	ING ADDRESS: on of Corporations ration Section ox 6327			Division o Registratio Clifton Bu	ilding		
Tallah	assee, FL 32314				eutive Center Circle e. FL 32301		
	neck for the follow 5,00 Filing Fee	ring amount: \$\Boxed{\subset} \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing	g Fee &	\$160.00 Filing Fe	e, Certifica I Copy	te

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

IN COMPLANCE WITH SECTION 605 0902, FLORIDA STATUTEN, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN ALMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.P.C.," or "L.L.C.") Sunnit Tax & Accounting 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.") (Jurisdiction under the law of which foreign limited hability company is organized) (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: 105 Bellamy Trail

Sebastion Florida 3295P Office Address: 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: Title or Capacity: Name and Address: (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

Maik Wichier
Typed or printed name of signee



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

FINANCIAL LITIGATION CONSULTANTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 16, 2010. 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 3RD day of OCTOBER A.D. 2018 .

ithentication #: 1827602216 verifiable until 10/03/2019 uthenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE