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#### COVER LETTER

TO:

Registration Section

Div	rision of Corporatio	ns				
SUBJECT:		URT ASSOCIATES, L.L.C				
		Name of	Limited Liability (	Company	***	
		reign Limited Liability Com ed to register the above refer				
Please return	all correspondence	concerning this matter to the	e following:			
	JACQUELINE	GIDEON				
			lame of Person		<del></del>	
	21ST CENTUI	RY FINANCIAL PLANNE	RS, INC.			
	Firm/Company					
	111 W. WASHINGTON ST., SUITE 1020					
			Address		<del>-</del>	
	CHICAGO, IL	. 60602				
		City/S	State and Zip Code	<u></u> .	_	
	jackie@21forcel	osure.com				
		E-mail address: (to be use	ed for future annual	report not	ification)	
For further in	nformation concernir	ng this matter, please call;				
Jac	kie Gideon		312 at (	781-69	99	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	AILING ADDRESS: rision of Corporation gistration Section ). Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding coutive Center Circle ee, FI. 32301	
	rcheck for the follow \$125.00 Filing Fee	ving amount: ☐ \$130,00 Filing Fee & Certificate of Status	S155.00 Filir Certified Copy	ng Fee &	☐ \$160,00 Filing Fee, Ce of Status & Certified Cop	

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

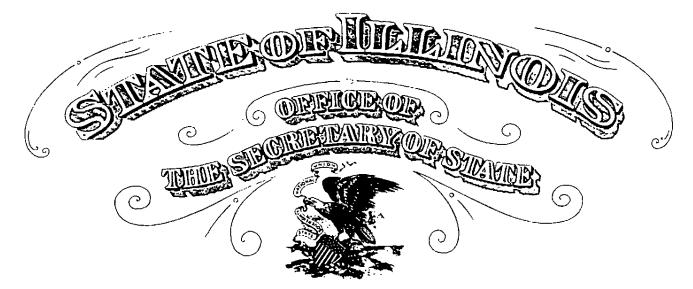
IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		mited Liability Company," "L.L.C.," or "LLC."	
	name adopted for the purpose of transacting business a	in Florida. The alternate name must include "Limited Li	ability Company," "L.E.C," or "LLC.")
ILLINOIS	high foreign limited liability company is organized)	3. 36-4342661	nber, if applicable)
Durisacion under the law of w	men foreign itmited habinty company is organized)	(F);I bun	sber, it applicable)
OCTOBER 22, 2018			
	(Date first transacted business in Florida, if pro (See sections 605,0904 & 605,0905, F.S. to de	or to registration.) stermine penalty liability)	
THE W. WASHINGTO	ON STREET, SUITE 1020 Principal Office)	6. HI W. WASHINGTON S	STREET, SUITE 1020
	Principal Office)		dress)
CHICAGO, IL 60602		CHICAGO, IL 60602	
Name and street address	ss of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	<del>න</del>
Name:	DAVID AZRAN		
005	100 S. POINTE DRIVE, UNIT 201	0	. ,
Office Address:	100 0.1 0.1111 1200 12. 0.111 12.01		•
	MIAMI BEACH	, Florida 33139 (Zipco	<u>:</u>
egistered agent's accep	(City)	(Zip co	de)
		ent's signature)	
	$V P \rightarrow 1$	•	
	acity and address of the person(s) who	o has/have authority to manage is/are:	Name and Address:
Title or Capacity:	acity and address of the person(s) who  Name and Address:	•	Name and Address:
	acity and address of the person(s) who  Name and Address:  David Azran	o has/have authority to manage is/are:  Title or Capacity:	Name and Address:
Title or Capacity:	acity and address of the person(s) who  Name and Address:	o has/have authority to manage is/are:  Title or Capacity:	Name and Address:
Title or Capacity:	David Azran  100-S. Pointe UNIT 2	o has/have authority to manage is/are:  Title or Capacity:	Name and Address:
Title or Capacity:	David Azran  100-S. Pointe UNIT 2	o has/have authority to manage is/are:  Title or Capacity:	Name and Address:
Title or Capacity:	David Azran  100.S. Pointe UNIT 2	o has/have authority to manage is/are:  Title or Capacity:	Name and Address:
Title or Capacity:  Manage(	David Azran  100 S. Pointe UNIT 2  Miami Beach, FL 3:33	o has/have authority to manage is/are:  Title or Capacity:	Name and Address:
Title or Capacity:  Manage(	David Azran  100.S. Pointe UNIT 2  Miami Beach, FL 3:33	o has/have authority to manage is/are:  Title or Capacity:  OND 34	
Title or Capacity:  Manage  Use attachments if neces  Attached is a certificate	David Azran  100.S. Pointe UNIT 2.  Miami Beach, FL 3.33	o has/have authority to manage is/are:  Title or Capacity:  OND 34  Id, duly authenticated by the official h	aving custody of records in
Title or Capacity:  Manage  Use attachments if neces  Attached is a certificate risdiction under the law	David Azran  100 S. Pointe UNIT 7.  Miami Beach, FL 3.33  sary)  of existence, no more than 90 days of which it is organized. (If the certification of the content of the certification of the certifi	o has/have authority to manage is/are:  Title or Capacity:  OND 34	aving custody of records in
Title or Capacity:  Manager  Use attachments if neces  Attached is a certificate arisdiction under the law of the translator must be so	David Azran  100.S. Pointe UNIT 2  Miami Beach. FL 323  sary)  of existence, no more than 90 days of which it is organized. (If the certification)	o has/have authority to manage is/are:  Title or Capacity:  OND 34  Id, duly authenticated by the official hicate is in a foreign language, a transla	aving custody of records in tion of the certificate under
Title or Capacity:  Manage  Use attachments if neces  Attached is a certificate risdiction under the law the translator must be so	David Azran  100.S. Pointe UNIT 2  Miami Beach. FL 323  sary)  of existence, no more than 90 days of which it is organized. (If the certification)	o has/have authority to manage is/are:  Title or Capacity:  OND 34  Id, duly authenticated by the official hicate is in a foreign language, a transla	aving custody of records in tion of the certificate under
Title or Capacity:  Manage  Use attachments if neces  Attached is a certificate risdiction under the law the translator must be so	David Azran  100.S. Pointe UNIT 2  Miami Beach. FL 323  sary)  of existence, no more than 90 days of which it is organized. (If the certification)	o has/have authority to manage is/are:  Title or Capacity:  OND 34  Id, duly authenticated by the official h	aving custody of records in tion of the certificate under
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Title or Capacity:  Manager  Use attachments if neces  Attached is a certificate risdiction under the law of the translator must be so	sary)  of existence, no more than 90 days of which it is organized. (If the certification accordance with section 605.0 or the Department of State constitutes as the constitutes as the constitutes are constitutes.)	o has/have authority to manage is/are:  Title or Capacity:  OND 34  Id, duly authenticated by the official hicate is in a foreign language, a transla	aving custody of records in tion of the certificate under

Typed or printed name of signee

### File Number

0037263-3



## 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

CLARENDON COURT ASSOCIATES, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 27, 2000, 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 16TH day of OCTOBER A.D. 2018.

Authentication #: 1828902592 verifiable until 10/16/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White