# M18000010396

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only

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| COVER LETTER   |  |  |  |  |
|----------------|--|--|--|--|
|                | istration Section<br>ision of Corporations   |  |  |  |
| SUBJECT:       | CSTE Properties, LLC, an Illinois Limited Liability  |  |  |  |
| 50001.CT.      | Name of Limited Liability Company  |  |  |  |
|                | l "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate o<br>ad 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:  |  |  |  |
|                | Kristin M. Conroy  |  |  |  |
| 2              | Name of Person   |  |  |  |
| •              | Conroy, Conroy & Durant, P.A.  |  |  |  |
|                | Firm/Company   |  |  |  |
|                | 2210 Vanderbilt Beach Road, Suite 1201   |  |  |  |
|                | Address  |  |  |  |
|                | Naples, FL 34109   |  |  |  |
|                | City/State and Zip Code  |  |  |  |
|                | kconroy@naplespropertylaw.com  |  |  |  |
|                | E-mail address: (to be used for future annual report notification)   |  |  |  |
| For further in | formation concerning this matter, please call:   |  |  |  |
| Kris           | stin Conroy 239 649-5200<br>at ( )   |  |  |  |
|                | Name of Contact Person Area Code Daytime Telephone Number  |  |  |  |
| <u>MA</u>      | ILING ADDRESS: STREET ADDRESS:   |  |  |  |

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

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Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount: ■ \$160.00 Filing Fee, Certificate of Status & Certified Copy □ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & Certificate of Status Certified Copy

#### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTIIORIZATION 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:

| ۱. | CSTE |            |             | Ulinois Limited |               |
|----|------|------------|-------------|-----------------|---------------|
|    |      | (Neme of F | Common Line | ited fishility. | <br>1 1 4 1 7 |

|  | axine adopted for the purpose of transacting business in Flor  | ids. The alternate arms must include "Limited Lizbility Co  | Cupany," "LLC," or "!                               |
|--|--|---|---|
| Illinois   |  | 3. 36-4489882   | • • • • - •   |
| (Jurisdiction under the law of i   | which foreign linated lubility company is organized)   | (FEI surface, if ap   | plankk)   |
| November 2, 2018   |  |   |   |
|  | (Dute first mansacted business in Florida, if prior to a   | Weithrahou )  |   |
|  | (Sec ecclions 503,0904 & 605,0905, F.S. to determin  | nc permity itability)   |   |
| 3521 Bonita Bay Blvu   |  | 6. 26243 Tazwood Road   |   |
| Bonita Springs, FL 34  |  | (Maiking Address)   |   |
|  |  | Metamora, IL 61548  | <u> </u>  |
|  |  |   |   |
|  |  | -   |   |
| Name and street addre  | ss of Florida registered agent: (P.O. Box  | NOT acceptable)   |   |
| Name:  | Kristin M. Couroy Conroy Conroy & I  | Durant, P.A.  | ā   |
| TURCE.   | ······································   |   | NC  |
| Office Address:  | 2210 Vanderbilt Beach Road, Suite 120  | 1   | V   |
|  |  |   |   |
|  | Naples   | - 2410  |   |
|  | Naples (Circ)  | , Florida <u>3410<b>9</b></u>   | 6<br>L  |
| gistered agent's accep   | (City)   | (Zup code.)   | el<br>Ma  |
| gistered agent's acception of the second s  | (City)<br>Mance:<br>rgistered agent and to accept service of p   | (کې محمد)<br>rocess for the above stated limited liabili  | TY COMPANY at A                                     |
| gistered agent's acception of the second sec | (City)<br>Mance:<br>rgistered agent and to accept service of pi<br>tion, I hereby accept the appointment as  | (Zm code)<br>rocess for the above stated limited liabili<br>registered agent and agree to act in this   | ty company and<br>capacity. I find                  |
| rgistered agent's accept<br>aving bern named as re<br>signated in this applica<br>comply with the provisi  | (City)<br>Stance:<br>rgistered agent and to accept service of pi<br>tion, I hereby accept the appointment as<br>lons of all statutes relative to the proper of   | (Zm code)<br>rocess for the above stated limited liabili<br>registered agent and agree to act in this   | ty company and<br>capacity. I find                  |
| gistered agent's acception of the second sec | (City)<br>Mance:<br>rgistered agent and to accept service of pi<br>tion, I hereby accept the appointment as  | (Zm code)<br>rocess for the above stated limited liabili<br>registered agent and agree to act in this   | ty company and<br>capacity. I find                  |
| egistered agent's accept<br>aving been named as re<br>signated in this applica<br>comply with the provisi  | (City)<br>stance:<br>registered agent and to accept service of pi<br>tion, I hereby accept the appointment as<br>lons of all statutes relative to the proper of<br>s of my position as registered agent.   | (Zm code)<br>rocess for the above stated limited liabili<br>registered agent and agree to act in this<br>and complete performance of my duties,   | ty company and<br>capacity. I find                  |
| egistered agent's accep<br>aving been named as re<br>signated in this applica<br>comply with the provis  | (City)<br>stance:<br>registered agent and to accept service of pi<br>tion, I hereby accept the appointment as<br>lons of all statutes relative to the proper of<br>s of my position as registered agent.   | (Zm code)<br>rocess for the above stated limited liabili<br>registered agent and agree to act in this   | ty company and<br>capacity. I find                  |
| egistered ageat's accep<br>aving been named as re<br>rsignated in this applica<br>comply with the provis<br>ad accept the obligation   | (City)<br>trance:<br>registered agent and to accept service of pi<br>tion, I hereby accept the appointment as<br>ions of all statutes relative to the proper of<br>s of my position as registered agent.<br>(Registered agent is in<br>(Registered agent is in   | (Zm code)<br>rocess for the above stated limited liabili<br>registered agent and agree to act in this<br>and complete performance of my duties,   | ty company and<br>capacity. I find                  |
| rgistered agent's accept<br>wing been named as re<br>signated in this applica<br>comply with the proviss<br>d accept the obligation  | (City)<br>stance:<br>registered agent and to accept service of pi<br>tion, I hereby accept the appointment as<br>lons of all statutes relative to the proper of<br>s of my position as registered agent.   | (Zup code)<br>rocess for the above stated limited liabili<br>registered agent and agree to act in this<br>and complete performance of my duties,<br>guare)<br>/have suthonity to manage is/are: | ty company and<br>capacity. I find                  |
| egistered agent's accept<br>aving been named as re-<br>signated in this applica<br>comply with the provise<br>d accept the obligation<br>The name, title or capa<br><u>Title or Capacity</u> ;   | (Ciry)<br>trance:<br>registered agent and to accept service of pi<br>tion, I hereby accept the appointment as<br>ions of all statutes relative to the proper of<br>s of my position as registered agent.<br>(Registered agent,<br>(Registered ag | (Zup code)<br>rocess for the above stated limited liabili<br>registered agent and agree to act in this<br>and complete performance of my duties,<br>guare)<br>/have suthonity to manage is/are: | ty company est<br>capacity. I fait<br>and I am fart |
| egistered agent's accept<br>wing been named as re<br>signated in this applica<br>comply with the proviss<br>d accept the obligation<br>The name, title or capa   | (Ciry)<br>trance:<br>registered agent and to accept service of pl<br>tion, I hereby accept the appointment as<br>sof all statutes relative to the proper of<br>s of my position as registered agent.<br>(Registering agent)<br>(Registering agent's signature)<br>(Registering agent's s   | (Zup code)<br>rocess for the above stated limited liabili<br>registered agent and agree to act in this<br>and complete performance of my duties,<br>guare)<br>/have suthonity to manage is/are: | ty company est<br>capacity. I fait<br>and I am fart |

(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) (3), Florida Statutes, I am aware that any false information |
|---|--|
| 10. This document is executed in accordance with section 605.0203, submitted in a document to the Department of State constitutes, thir | d regree felony as provided for in s.817.155, F.S.               |

oriand person

File Number



# 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

CSTE PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 20, 2002, 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 24TH day of OCTOBER A.D. 2018.

Authentication #: 1829702486 verifiable until 10/24/2019 Authenticate at: http://www.cyberdriveillinois.com

esse White

SECRETARY OF STATE