

M19000000390

(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:

W18-107944

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2019 JAN 11 PM 4:31
JAN 11 2019

D. BRUCE
JAN 11 2019



Authorized Acquisitions, LLC
9830 W 190th St., Ste. I, Mokena, IL 60441
(708)479-0062

January 7, 2019

Dear Mr. or Mrs.,

Please find attached Authorized Acquisitions, LLC certificate of good standing issued by the State of Illinois on January 3rd, 2019.

I also attached the email received from the State of Illinois regarding the Certificate of Good Standing's purchase confirmation. The email contains the website where it can be printed from, the Authentication Number and the Confirmation Number.

We appreciate your help in processing our application and please contact us with any questions you may have,

Sincerely,

Camelia Welsch

Camelia Welsch

Accounting Manager

Authorized Acquisitions, LLC

(708) 479-0062

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JAN 11 2019
JAN 11 2019





FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2018

RONALD PLANTZ
9830 W. 190TH STREET, STE 1
MOKENA, IL 60448

SUBJECT: AUTHORIZED ACQUISITIONS, LLC
Ref. Number: W18000107944

We have received your document for AUTHORIZED ACQUISITIONS, LLC and your check(s) totaling \$155.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Deborah Bruce
Corporate Records Supervisor

Letter Number: 818A00025742

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Authorized Acquisitions, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and 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:

Ronald Plantz

Name of Person

Authorized Acquisitions, LLC

Firm/Company

9830 W. 190th Street, Suite I

Address

Mokena, IL 60448

City/State and Zip Code

billing@aamedicalstore.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Ronald Plantz

708

479-0062

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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:

1. AUTHORIZED ACQUISITIONS, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

AUTHORIZED ACQUISITIONS OF ILLINOIS, 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.")

ILLINOIS

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

January 1, 2017

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

9830 W. 190th Street

5. (Street Address of Principal Office)

9830 W. 190th Street

6. (Mailing Address)

Suite I

Suite I

Mokena, IL 60448

Mokena, IL 60448

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

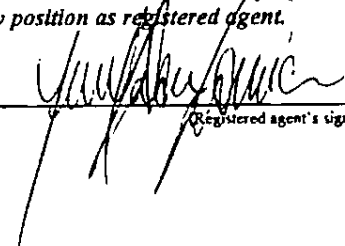
Name: Yussef Gouveia

Office Address: 2000 NW 133rd Avenue, Unit 2

Miami, 33182
(City) , Florida (Zip code)

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.


(Registered agent's signature)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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:

Manager

Ronald Plantz

9830 W. 190th Street, Suite I

Mokena, IL 60448

(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

Ronald Plantz, Manager

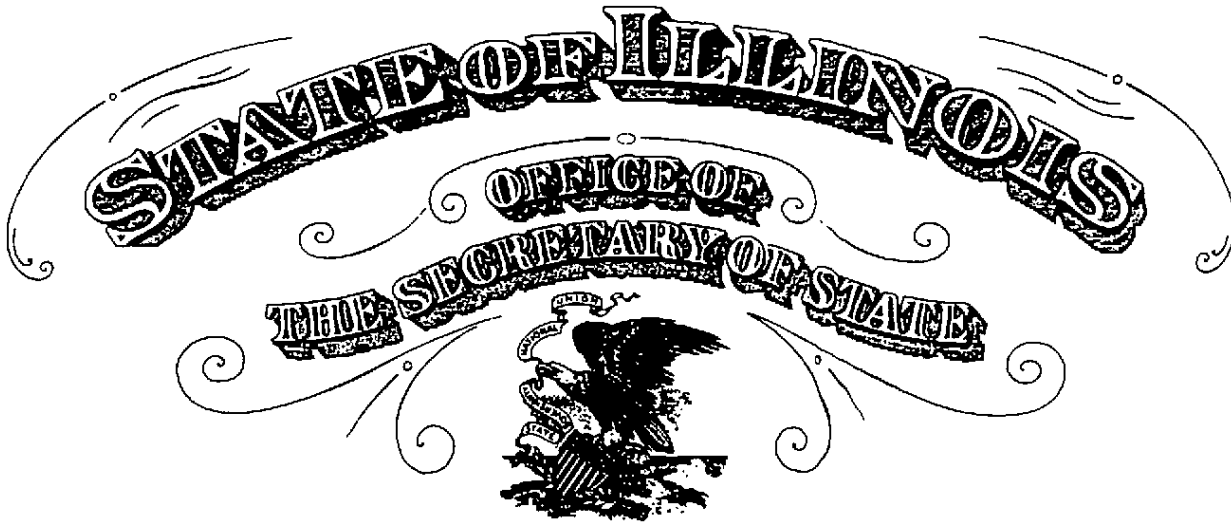
Typed or printed name of signer

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File Number

0738832-2



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

AUTHORIZED ACQUISITIONS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 19, 2018, 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 JANUARY A.D. 2019 .***

Jesse White

SECRETARY OF STATE