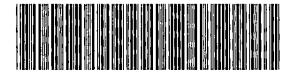
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COVER LETTER

,er	to .	
	tion Section : of Corporations	
SUBJECT: EXEC	ECUTIVE VIEWPOINT, LLC	
	Name of Limited Liability Company	
	plication by Foreign Limited Liability Company for Authorization to Transact Business in I ack are submitted to register the above referenced foreign limited liability company to transact	
Please return all con	orrespondence concerning this matter to the following:	
i	ERIC MARTINEZ	
_	Name of Person	
_	Firm/Company	
1 -	100 PIERCE ST, APT 506	
	Address	
(CLEARWATER, FL 33756	
_	City/State and Zip Code	_ -
EM	MARTINEZ@EXECVIEWPOINT.COM	
	E-mail address: (to be used for future annual report notification)	
For further informa	ation concerning this matter, please call:	
ERIC MA	ARTINEZ 312 730-2525 at ()	
	Name of Contact Person Area Code Daytime Telephone Nu	ımber
Division o Registratio P.O. Box (GG ADDRESS: of Corporations ion Section 6327 ice, FL 32314 Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	le
	ck for the following amount: 00 Filing Fee	

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

IN COMPLANCE 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. EXECUTIVE VIEWPO	OINT, LLC Limited Liability Company; must include "Limite	xl Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited Lia	ibility Company," "L1_C," or "L1.C.")
, ILLINOIS		3. 46-1029177	
	hich foreign limited hability company is organized)	(FEI num	ber, if applicable)
4			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	registration.) ine penalty liability)	
5. 100 PIERCE ST, # 50		6. PO BOX 2822	
(Street Address of Principal Office)		(Mailing Add	
CLEARWATER, FL 3	37.30	CLEARWATER, FL 3375	
7. Name and <u>street addres</u> Name:	ss of Florida registered agent: (P.O. Box Greg Moore	NOT acceptable)	
Office Address:	100 PIERCE ST, APT 402		
	CLEARWATER	Florida 33756	
	(City)	(Zip coo	de)
8. The name, title or capa	(Registered agent's acity and address of the person(s) who ha	- the	
Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
MANAGING MBR	ERIC MARTINEZ		
	100 PIERCE ST, APT 506 CLEARWATER, FL 33756	-	
		_	
(Use attachments if neces	sary)	-	
jurisdiction under the law of the translator must be si 10. This document is exec	of existence, no more than 90 days old, of which it is organized. (If the certificat ubmitted) uted in accordance with section 605.020; of the Department of State constitutes at the	e is in a foreign language, a translat 3 (1) (b), Florida Statutes, I am awa	tion of the certificate under oat
	/ White	of an authorized person	
	/ 3 Signature	ot an authorized person	
	ERIC MARTINEZ		

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

EXECUTIVE VIEWPOINT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 19, 2012, 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 7TH day of JANUARY A.D. 2019 .

Authentication #: 1900702040 verifiable until 01/07/2020
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE