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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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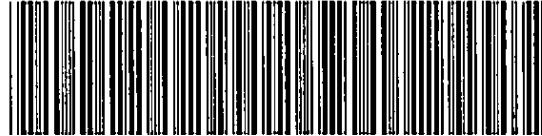
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 06 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KMA ZUCKERT 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:

John R. Schuchert

Name of Person

KMA Zuckert LLC

Firm/Company

200 West Madison Street, 16th Floor

Address

Chicago, IL 60606

City/State and Zip Code

jschuchert@kmazuckert.com

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

For further information concerning this matter, please call:

John R. Schuchert

312
at ()

345-3082

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. KMA ZUCKERT LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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.")

2. Illinois 3. 20-3185224
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 200 West Madison Street, 16th Floor 6. 200 West Madison Street, 16th Floor
(Street Address of Principal Office) (Mailing Address)
Chicago, IL 60606 Chicago, IL 60606

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

Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (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.

Patricia Sillyman Patricia Sillyman on behalf of InCorp Services, Inc.
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:

☐ Manager Name: Telly Andrews

☒ Member Address: 200 W. Madison St., 16th Fl.

☐ Authorized Chicago, IL 60606

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Anthony W. Eckert III

☒ Member Address: 70 E. 55th St., 25th Fl.

☐ Authorized New York, NY 10022

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Jonathon H. Foglia

☒ Member Address: 888 17th St., NW, Suite 700

☐ Authorized Washington, DC 20006

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☐ Manager Name: Malcolm L. Benge

☒ Member Address: 888 17th St., NW, Suite 700

☐ Authorized Washington, DC 20006

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: David M. Enders

☒ Member Address: 888 17th St., NW, Suite 700

☐ Authorized Washington, DC 20006

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: James A. Harris

☒ Member Address: 888 17th St., NW, Suite 700

☐ Authorized Washington, DC 20006

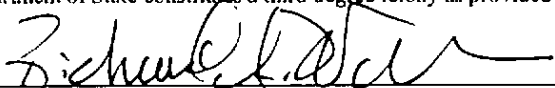
Person _____

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

Richard A. Walker

Typed or printed name of signer

KMA Zuckert LLC
FEIN: 20-3185224

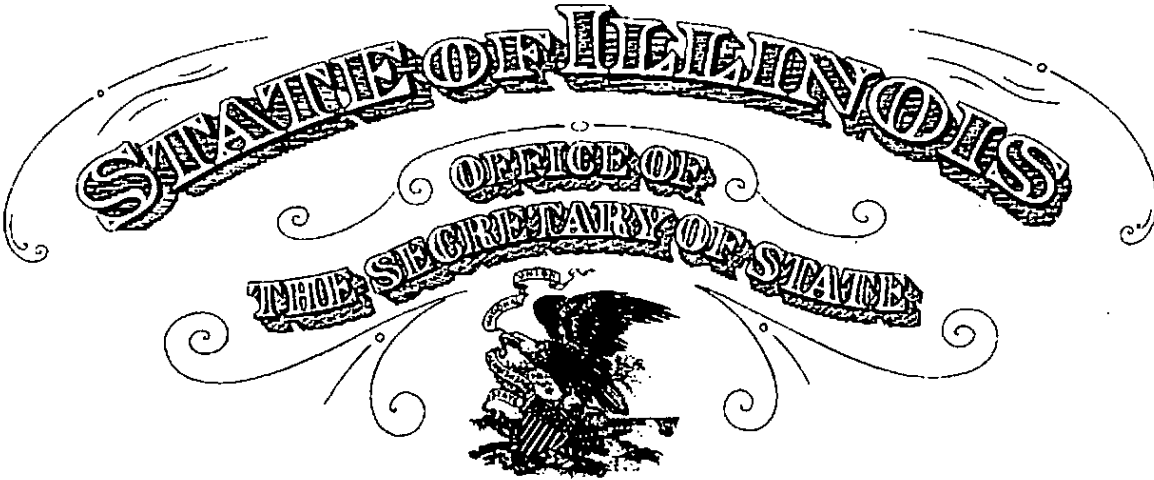
Additional members/managers or persons authorized to manage:

Member	Larry S. Kaplan 200 W. Madison St., 16th Fl. Chicago, IL 60606
Member	Eugene Massamillo 70 E. 55th St., 25th Fl. New York, NY 10022
Member	Nicholas E. Pantelopoulos 70 E. 55th St., 25th Fl. New York, NY 10022
Member	Jolyon A. Silversmith 888 17th St., NW, Suite 700 Washington, DC 20006
Member	Richard A. Walker 200 W. Madison St., 16th Fl. Chicago, IL 60606
Member	Keith S. Yamaguchi 200 W. Madison St., 16th Fl. Chicago, IL 60606
Member	Monique E. Yingling 888 17th St., NW, Suite 700 Washington, DC 20006

FILED
19 FEB - 1 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

0157301-2



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

KMA ZUCKERT LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 20, 2005, 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 25TH
day of JANUARY A.D. 2019 .

Jesse White

SECRETARY OF STATE