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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 627757 5174517

AUTHORIZATION : Sprell of

COST LIMIT : \$ 125 00

ORDER DATE: February 11, 2019

ORDER TIME : 2:32 PM

ORDER NO. : 627757-005

CUSTOMER NO: 5174517

FOREIGN FILINGS

NAME: MOSAIC REAL ESTATE OCALA, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Mosaic Real Estate Ocala, LLC, an Illinois Limited Liability Company
501101	Name of Limited Liability Company
The en Exister	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	eturn all correspondence concerning this matter to the following:
	Benjamin Weishaar
	Name of Person
	WBS Equities, LLC
	Firm/Company
	350 West Hubbard, Suite 222
	Address
	Chicago, Illinois 60654
	City/State and Zip Code
	ben@wbsequities.com
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
	Benjamin Weishaar 269 806-6110
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclose	d is a check for the following amount:
	\$125.00 Filing Fee \$\sum \text{S130.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\sum \text{Certified Copy}\$\$ \$155.00 Filing Fee & \sum \text{S160.00 Filing Fee, Certified Copy}\$\$ of Status & Certified Copy

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

IN COMPILANCE 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:

(Name of Foreign	Limited Liability Company; must include "Limite	ed Liabilit	y Company," "L.L.C.,	" or "LLC.")		
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	onda The a	ternate name must includ	ie "Limited Liability C	ompany," "L.L.C," or "LLC.")	1
Illinois			83-3456019			
2 (Jurisdiction under the law of which foreign limited liability company is organized)			-	(FEI number, if a	pplicable)	
4.						
· · · · · · · · · · · · · · · · · · ·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration	liability)		_	
-	0 West Hubbard, Suite 222 (Street Address of Principal Office)		350 West Hubba) West Hubbard, Suite 222		
(Street Address of				(Mailing Address)		
Chicago, Illinois 6065-	4	Chicago, Illinois 60654				
						
					Z. 23	
					100	77
7. Name and street addres	ss of Florida registered agent: (P.O. Box	C NOT :	(cceptable)		智思	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					SSS	ו
Name:	CORPORATION SERVICE COMAP	PNY			일위 를	-
					52 -	•
Office Address:	1201 HAYS STREET				름 5	
					7. 7. 7.	
	TALLAHASSEE		, Florida _	32301 (Zip code)	<u></u>	
	(City)			(Zip code)		
Registered agent's accep						
taving been namea as re lesignated in this applica	gistered agent and to accept service of patients. I hereby accept the appointment a	process _. is revisio	for the above stat ered agent and ag	ed limited liabi vree to act in th	ility company at the p is capacity. I further	lace avrec
o comply with the provisi	ions of all statutes relative to the proper	and co	mplete performar	ice of my dutie.	s, and I am familiar	with
ind accept the obligation.	s of my position as registered agent.			Ro	xanne Turner	
		1		Acct	Vice President	

(Registered agent's signature)

Title or Capacity:	Name and Address:	
Wendy A. Berger - Manager	350 West Hubbard, Suite 222	
	Chicago, Illinois 60654	
		
		
	다. 일	
	TATLAH.	-
	SS AS P	7
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	TORIO 7: 19	7
se attachments if necessary)		
Attached is a certificate of existence, sdiction under the law of which it is he translator must be submitted)	, no more than 90 days old, duly authenticated by the official having custody of records in the organized. (If the certificate is in a foreign language, a translation of the certificate under oat	th
This document is executed in accordant to the Department to the De	dance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information nent of State constitutes a third degree felony as provided for in s.817.155, F.S.	
Weigh	Q. Ferger	
	Signature of an authorized person	

Typed or printed name of signee

File Number

0752597-4



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

MOSAIC REAL ESTATE OCALA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 05, 2019, 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 11TH day of FEBRUARY A.D. 2019 .

Authentication #: 1904202780 verifiable until 02/11/2020

Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE