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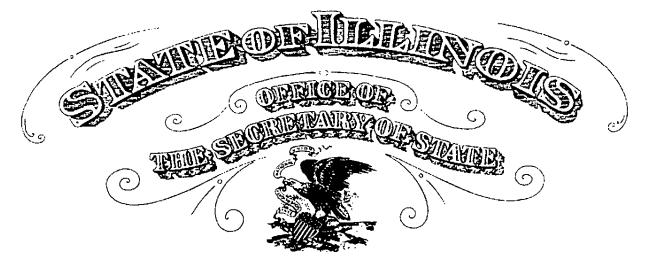
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(June of Folesta	O, LLC Limited Liability Company, must include "Limi	ned Liability Company," "L L.C.," or "LLC.")	
(If name unavailable, enter alternate i	same adopted for the purpose of transacting business in l		ility Company," "L.L.C," or "LLC ")
_{2.} Iltinois		3. <u>47-2075074</u>	- It and a Max
(furnishenounder the law of w	thich foreign limited liability company is organized)	(Frit manus	er, it applicable)
4		to and testion V	
	(Date first transacted business in Plonds, if prior (See sections 605 0904 & 605,0905, F.S. to deter	mine penalty liability)	
5. 7901 4th St N		6. 7901 4th St N	
(Street Address of STE 300	Principal Office)	Mailling Addin	rss)
St. Petersburg Fl	33702	St. Petersburg FL 33	702
ot. Telefolding Ti		0.1101010101010101010101010101010101010	
7. Name and street addre	ss of Florida registered agent: (P.O. Bo		2019 FEB SECRET
Name:	Northwest Registered Agen	t LLC	B 2
Office Address:	7901 4th St N STE 300		SE -
	St. Petersburg	, Florida 33702	AFLOS AH
Registered agent's accep	(City)	(Zip code	927
and accept the obligation	ns of my position as registered agent.	t as registered agent and agree to act er and complete performance of my t	duties, and I am familiar w
and accept the obligation	ns of my position as registered agent.	er and complete performance of my i	duties, and I am familiar w
and accept the obligation	ns of my position as registered agent. Ton Glove (Registered agen	er and complete performance of my o	duties, and 1 am familiar w
and accept the obligation	ns of my position as registered agent.	er and complete performance of my o	duties, and I am familiar wi
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and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	Registered agent. (Registered agent)	t's signature) has/have authority to manage is/are: Title or Capacity:	Name and Address: Brian Lipke
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and accept the obligation 8. The name, title or cap <u>Title or Capacity:</u>	ms of my position as registered agent. Tor Glove (Registered agent pacity and address of the person(s) who Name and Address: Marc Grens 7901 4th St N STE 300 SI. Petersburg Ft. 33702 Jonathan Solomon 7901 4th St N STE 300	t's signature) has/have authority to manage is/are: Title or Capacity:	Name and Address: Brian Lipke
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File Number

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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

RED LEAF CHICAGO, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 13, 2014. 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 21ST day of FEBRUARY A.D. 2019.

Authentication #: 1905203204 verifiable until 02/21/2020 Authenticate at: http://www.cyberdriveillinois.com sse White

SECRETARY OF STATE