

M19000002284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

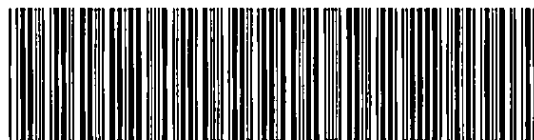
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR -7 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. MILLIGAN

MAR 08 2019

A & M Acquisitions, LLC.

**105 CANTERBURY LANE, #42
BOLINGBROOK, IL 60440**

March 6, 2019

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

Re: Foreign Registration

Dear Sirs/Madam:

I had mailed all the attached forms along with check #0001 (copy attached) on February 10, 2019.

As of the date of this letter you have not received my information (check #0001 does not show up on my account as being cashed) and I have called several times in the past to acquire status including today to come to the conclusion my information was lost in transit.

So enclosed please find 2nd request (Registration Cover Letter, Title or Capacity info, Application, Cert. of Good Standing, copy of original check & new check).

I implore you to please consider my application on the fastest way possible...I will be closing on a property March 18, 2019 and would really need and appreciate all the help you can supply due to the current unfortunate situation of having my 1st request being lost in transit.

Thank you in advance.

Respectfully,



Mary Nassar
A & M Acquisitions FL, LLC

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A & M 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:

Mary Nassar

Name of Person

A & M Acquisitions, LLC

Firm/Company

105 Canterbury Lane, Unit 42

Address

Bolingbrook, IL 60440

City/State and Zip Code

marynassar@sbcglobal.net

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

For further information concerning this matter, please call:

Mary Nassar

at (630)

479-5910

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

A & M Acquisitions FL, 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 105 Canterbury Lane, #42 (Street Address of Principal Office)
6. 105 Canterbury Lane, #42 (Mailing Address)
Bolingbrook, IL 60440 Bolingbrook, IL 60440

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

Name: Tom Pajevic
Office Address: 2318 NW 50th Ave.
Ocala, Florida 34482
(City) (Zip code)

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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)

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]:


<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Mary Nassar</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Ali Abedrabbu</u>
<input checked="" type="checkbox"/> Member	Address: <u>105 Canterbury Lane, #42</u>	<input checked="" type="checkbox"/> Member	Address: <u>105 Canterbury Lane, #42</u>
<input checked="" type="checkbox"/> Authorized	<u>Bolingbrook, IL 60440</u>	<input checked="" type="checkbox"/> Authorized	<u>Bolingbrook, IL 60440</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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 TALLAHASSEE, FLORIDA

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
 Mary Nassar

 Typed or printed name of signee

File Number

0747799-6



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

A & M ACQUISITIONS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 11, 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 .

Jesse White

SECRETARY OF STATE