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COVER LETTER

то:	Registration Section Division of Corporations
CUDI	Peregrine Global Ventures, LLC ECT:
SUDJ	Name of Limited Liability Company
	nclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific nce, and check are submitted to register the above referenced foreign limited liability company to transact business in F
Please	return all correspondence concerning this matter to the following:
	Cameron R. Monti
	Name of Person
	MDH Investment Group
	Firm/Company
	11022 Ayrshire Court
	Address
	Woodstock, Illinois 60098
	City/State and Zip Code
	cmonti@mdhinvestmentgroup.com
	E-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
	Cameron R. Monti 312 721.1200
	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
Enclo	sed is a check for the following amount: Status Stat

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:

(Name of Foreit	tures, LLC				
•	n Limited Liability Company; must include "Limited	d Liability	Company," "L.L.C.," or "LLC.")		
Peregrine Ventures, LL	name adopted for the purpose of transacting business in Flor	nda. The alte	emate name must include "Limited Light	dity Company ""l 1 C" o	<u></u>
	mane adopted to the purpose of transacting business in the			any company, 12 dec, 0	
2. Illinois (Jurisdiction under the law of	which foreign limited hability company is organized)	3	83-4569312 (FEI number	er, if applicable)	
4. No business transact			<u> </u>		
	(Date first transacted business in Florida, if prior to i (See sections 605,0904 & 605,0905, F.S. to determine	ne penalty lia	ability)		
5. 435 Marquesa Drive		6.	435 Marquesa Drive		
(Street Address of Principal Office)			(Mailing Addre		
Coral Gables, Florida	33156	_	Coral Gables, Florida 3315	<u> </u>	
7. Name and street addr	ess of Florida registered agent: (P.O. Box	NOT ac	eceptable)	~2.	
Name:	Dr. Malcolm D. Herzog			همدري مد	
Office Address	435 Marquesa Drive				<u></u>
Office Address	·)	
	Coral Gables (Cuy)		, Florida 33156 (Zip code		
and accept the obligation					miliar with
and accept the omigani	ns of my position as registered agent.	_			
and accept the omigan	ns of my position as registered agent. (Registered agent)	signature)			
• "	MI	/ is/have a	uthority to manage is/are: le or Capacity:	Name and Addi	
S. The name, title or ca	pacity and address of the person(s) who ha	/ is/have a	le or Capacity;	•	
8. The name, title or ca <u>Title or Capacity:</u>	pacity and address of the person(s) who has Name and Address: Malcolm Herzog 435 Marquesa Dr	s/have a <u>Tit</u>	le or Capacity;	James Case 601 NE 27th St.	ess:
8. The name, title or ca <u>Title or Capacity:</u>	pacity and address of the person(s) who has Name and Address: Malcolm Herzog	s/have a <u>Tit</u>	le or Capacity;	James Case	ess:
8. The name, title or ca <u>Title or Capacity:</u>	pacity and address of the person(s) who has Name and Address: Malcolm Herzog 435 Marquesa Dr Coral Gables Fl. Jo Palma	s/have a <u>Tit</u>	le or Capacity;	James Case 601 NE 27th St.	ess:
8. The name, title or ca Title or Capacity: Mgr.	pacity and address of the person(s) who has Name and Address: Malcolm Herzog 435 Marquesa Dr Coral Gables Fl. Jo Palma 400 N. May St.	s/have a <u>Tit</u>	le or Capacity;	James Case 601 NE 27th St.	ess:
8. The name, title or ca Title or Capacity: Mgr. Mgr.	pacity and address of the person(s) who has Name and Address: Malcolm Herzog 435 Marquesa Dr Coral Gables Fl. Jo Palma 400 N. May St. Chicago, IL 606	s/have a <u>Tit</u>	le or Capacity;	James Case 601 NE 27th St.	ess:
8. The name, title or ca Title or Capacity: Mgr. Mgr. (Use attachments if nec 9. Attached is a certifica jurisdiction under the la of the translator must be 10. This document is ex	pacity and address of the person(s) who has Name and Address: Malcolm Herzog 435 Marquesa Dr Coral Gables Fl. Jo Palma 400 N. May St. Chicago, IL 606 essary) te of existence, no more than 90 days old, w of which it is organized. (If the certificat	duly auther is in a state of the state of th	le or Capacity: gr. nenticated by the official ha foreign language, a translati	James Case 601 NE 27th St. Miami, FL 3313 ving custody of recon of the certificate	ords in the
8. The name, title or ca Title or Capacity: Mgr. Mgr. (Use attachments if nec 9. Attached is a certifica jurisdiction under the la of the translator must be 10. This document is ex	pacity and address of the person(s) who has Name and Address: Malcolm Herzog 435 Marquesa Dr Coral Gables Fl. Jo Palma 400 N. May St. Chicago, IL 606 essary) te of existence, no more than 90 days old, w of which it is organized. (If the certificat submitted) ecuted in accordance with section 605.0202	duly auther is in a state of the state of th	le or Capacity: gr. nenticated by the official ha foreign language, a translati	James Case 601 NE 27th St. Miami, FL 3313 ving custody of recon of the certificate	ords in the

Typed or printed name of signee

Dr. Malcolm D. Herzog

File Number

0740804-8



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

PEREGRINE GLOBAL VENTURES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 30, 2018, 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 29TH

day of APRIL A.D. 2019

Authentication #: 1911902406 verifiable until 04/29/2020 Authenticate at: http://www.cyberdriveillinois.com sse White

SECRETARY OF STATE