

5/21/2019

Division of Corporations

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company EVIAN PROPERTIES LLC

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Z BROWN MAY 2 2 2019

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

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

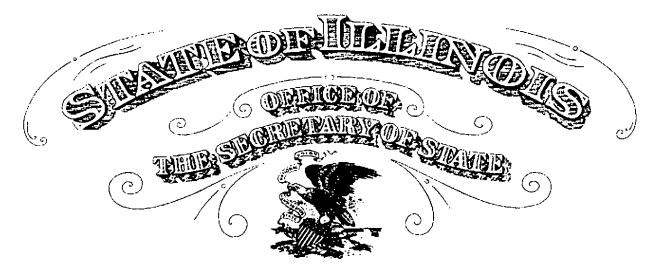
Illinois		llurida. The alternate name maist include "Limited Exolutity Company," "E.L.C." in "El
	theh foreign limited hability company is organized)	3. (FEI number, d'applicable)
	(Date first transacted business in Plonda, if prior (See sections 605 0904 & 605 0905, F.S. to deter	to registration)
4940 S LAKE SH	HORE DR UNIT F	4940 S LAKE SHORE DR UNIT F
(Street Address of		6. (Mailing Address)
		30 to
,	ss of Florida registered agent: (P.O. Bo	ن ^ن ن ^ن
Name and street address: Name: Office Address:	ss of Florida registered agent: (P.O. Bo Registered Agen 7901 4th St N ST	ts Inc.
Name:	Registered Agen 7901 4th St N ST	ts Inc. ੂੰ ਦ
Name:	Registered Agen	ts Inc.

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: Title or Capacity: Name and Address: christopher ROBINSON ☐ Manager ✓ Manager 4940 S LAKE SHORE DR UNIT F Address: Member Address: _____ CHICAGO, IL 60615 ☐ Authorized Authorized Person Person Other____ Other_ Other____ Name: Manager ■ Manager Address: Member Address: __ ☐ Member Authorized Authorized Person Person Other___ Other____ Other_ Other Name: _____ Name: _____ Manager | ☐Manager Address: Member Address: ________ Member | Authorized Authorized Person Person Other____ Other Other_ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Riley Park

Typed or printed name of ugnee

File Number

0307480-3



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

EVIAN PROPERTIES LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 24, 2009, 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

MAY

A.D.2019

Authentication #: 1914100318 verifiable until 05/21/2020 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE