

M19000005282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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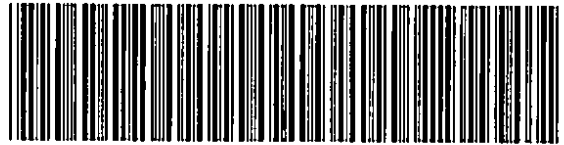
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 MAY 20 PM 4:30  
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TALLAHASSEE, FLORIDA

Y SCOTT

MAY 31 2019

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PLATT LYLE PROPERTIES, 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:

Attorney Ronald W. Arbeiter

Name of Person

Arbeiter Law Offices

Firm/Company

1019 State Street, P.O. Box 367

Address

Chester, IL 62233

City/State and Zip Code

rwa@arbeiterlaw.com

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

For further information concerning this matter, please call:

Attorney Ronald W. Arbeiter

Name of Contact Person

at ( 618 ) 826-2369

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

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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. PLATT LYLE PROPERTIES, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8 GREENBRIAR LANE  
(Street Address of Principal Office)

6. 8 GREENBRIAR LANE  
(Mailing Address)

CHESTER, ILLINOIS 62233

CHESTER, IL 62233

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

Name: JULIE BORN

Office Address: 27103 MATHESON AVENUE #205

BONITA SPRINGS, Florida 34135

(City)

(Zip code)

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TALLAHASSEE, FLORIDA

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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.

Julie Born  
(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]:

Title or Capacity:                      Name and Address:

☒ Manager                      Name: Stephen M. Platt

☐ Member                      Address: 8 Greenbriar Lane

☐ Authorized                      Chester, IL 62233

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☒ Manager                      Name: John Michael Lyle

☐ Member                      Address: 211 N. Vine Street

☐ Authorized                      Sparta, IL 62286

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**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.

Stephen M. Platt

Signature of an authorized person

STEPHEN M. PLATT

Typed or printed name of signer

Title or Capacity:                      Name and Address:

☒ Manager                      Name: Diane R. Platt

☐ Member                      Address: 8 Greenbriar Lane

☐ Authorized                      Chester, IL 62233

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☒ Manager                      Name: Linda Marie Lyle

☐ Member                      Address: 211 N. Vine Street

☐ Authorized                      Sparta, IL 62286

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

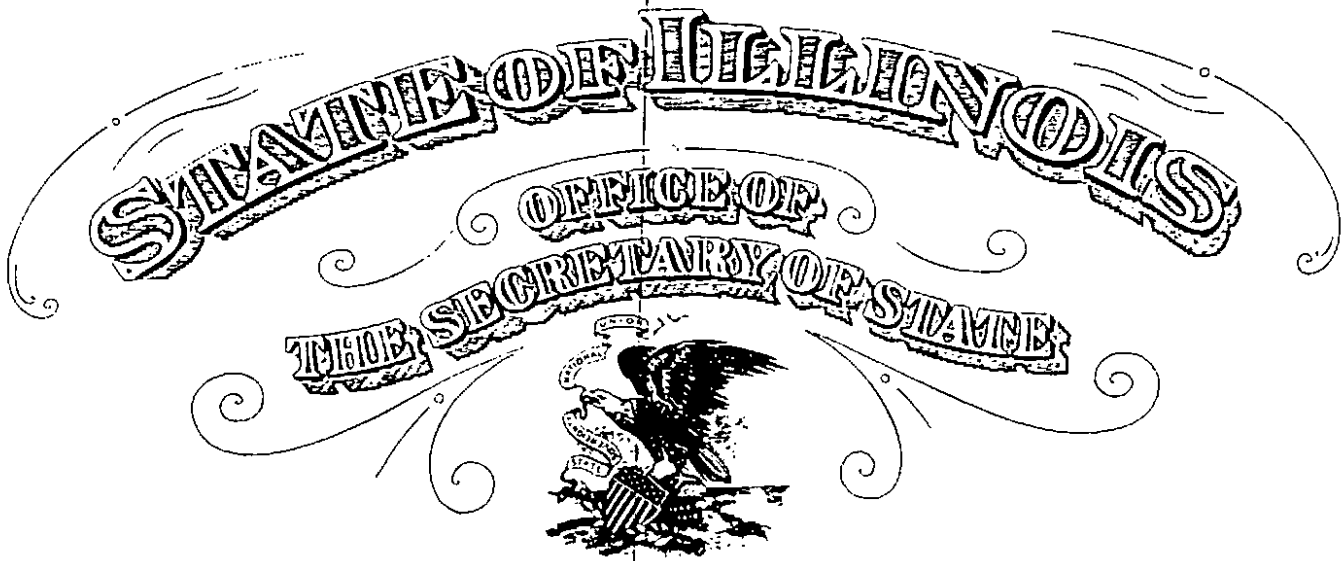
☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**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*

PLATT LYLE PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 10, 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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**In Testimony Whereof, I hereto set**

*my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of MAY A.D. 2019 .*



*Jesse White*