

M190000057689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

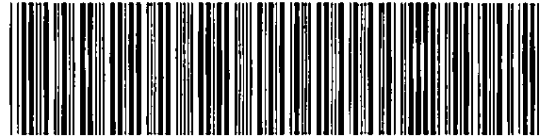
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06/07/19-07/14/2019
2019 JUL 15 PM 4:39
TALLAHASSEE, FLORIDA
STATE





FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2019

MARK SOLOMON
377 POINCIANA DR.
SUNNY ISLES BEACH, FL 33160

SUBJECT: SOLOMON ASSET MANAGEMENT, LLC
Ref. Number: W19000057680

We have received your document for SOLOMON ASSET MANAGEMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 819A00012249

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Solomon Asset Management, 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:

Mark Solomon

Name of Person

Solomon Asset Management, LLC

Firm/Company

377 Poinciana Dr.

Address

Sunny Isles Beach/FL 33160

City/State and Zip Code

Mark@solomon-asset.com

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

For further information concerning this matter, please call:

Mark Solomon

786

797-3517

at ()

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:

☐ \$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

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solomon Investment Management, 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:

Mark Solomon
Name of Person

Solomon Investment Management
Firm/Company

377 Poinciana Dr.
Address

Sunny Isles Beach FL 33160
City/State and Zip Code

mark@solomon-asset.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Solomon at (786) 747-3517
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

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Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

RECEIVED
JUL 15 2019

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Solomon Asset Management, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Solomon Investment Management, 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. 82-1359758
(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. 1128 Rose Rd.
(Street Address of Principal Office)
Lake Zurich, IL 60047
6. 377 Poinciana Dr.
(Mailing Address)
Sunny Isles Beach, FL 33160

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

Name: Mark Solomon

Office Address: 377 Poinciana Dr.
Sunny Isles Beach, Florida 33160
(City) (Zip code)

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. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity: Name and Address: Title or Capacity: Name and Address:

Owner

Mark Solomon

377 Poinciana Dr.
Sunny Isles Beach, FL 33160

(Use attachments if necessary)

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)

Mark Solomon
(Typed or printed name of signer)

File Number

0619915-1



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

SOLOMON ASSET MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 11, 2017, 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.

2019 JUL 15 PM 3:39
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 21ST
day of MAY A.D. 2019 .

Jesse White

SECRETARY OF STATE