M190000 7009

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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06/25/19--01007--023 **125.00



D. BRUCE JUL 22 2019



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2019

JAKE GANTZ 401 W SUPERIOR, SUITE 200 CHICAGO, IL 60654

SUBJECT: BB2 LLC

Ref. Number: W19000062705

We have received your document for BB2 LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

The document number of the name conflict is L17000208345.

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 519A00013755

COVER LETTER

	Registration Section Division of Corporations			
	BB2 LLC			
SUBJEC				
	Name of Limited Liability Company			
The enclosed Existence	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Floric, and check are submitted to register the above referenced foreign limited liability company to transact b	da," Cei usiness	rtificate in Flor	e of rida.
Please re	turn all correspondence concerning this matter to the following:			
	JAKE GANTZ Name of Person			
	Name of Person			
	VENNPOINT REAL ESTATE			
	Firm/Company			
	401 W SUPERIOR, SVITE 200 Address			
	ī-(201		
		2019 JUL 1 5		
	E-mail address: (to be used for future annual report notification)	<u></u> -	=	nt
For furthe	er information concerning this matter, please call:		9	
-	Name of Contact Person MAILING ADDRESS: We contact Person Area Code STREET ADDRESS:		u, ⊒≆	•
	Name of Contact Person Area Code Daytime Telephone Numbe	r 🚅 🚞	فعا	
]]]	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Callahassee, FL 32314 Registration Section Control Clifton Building Callahassee, FL 32314 Callahassee, FL 32301			
[inclosed is a check for the following amount:			
A	Please make check payable to: FLORIDA DEPARTMENT OF STATE \$125.00 Filing Fee \$\Begin{array}{c ccccc} \$130.00 Filing Fee & \Boxed Status & Certified Copy & of Status & Certified Copy & Status & Status & Certified Copy & Status &			

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

TLLING (Jurisdiction under the law of w	high foreign limited liability company is organized)	3	37 - 194 390 S (FEI number, 11 ap	plicable)	
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration.) ine penalty liability)			
(Street Address of E	WEBIOF SITE 200	6	(Some)		
C.HICA 60	2L 60654		(g. a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a		
Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable	o)	T::	2019
The tare green transfer	1	<u>1101</u> acceptabl	-,	(1) (2)	2019 JUL 1 9
Name:	JAKE GAUTZ			9 <u>1.</u> 	3 P. K.
Office Address:	2601 BIMINI BAY CA				(A)
	DAVEMPORT		Florida 33897-	, ;	(4) (#)
			(7in anda)		

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:
Manager	Name: NAIL GAVITZ	∭(Manager	Name: Nick Montetil
Member	Address: 401 W. Signin	Member	Address: 3328 N. Humton
Authorized	Surte 200	Authorized	Chicago IL 80618
Person	Chicogo IL 6054	Person	
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	2019
Other	Other	Other	Other
☐Manager ☐Member ☐Authorized	Name:	☐ Manager ☐ Member ☐ Authorized	Name: 2 2 Address: 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Person		Person	
Other	Other	Other	Other
9. Attached is a cert jurisdiction under th of the translator mus	s executed in accordance with section 605,0203 (1) ment to the Department of State constitutes a thirds Signature of State CANT-7	a Department of State y authenticated by the in a foreign language. (b), Florida Statutes.	Annual Report form. official having custody of records in the a translation of the certificate under oath. I am aware that any false information.

File Number

0780028-2



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

BB2 LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 08, 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 20TH

day of JUNE

A.D.

2019

Authentication #: 1917102563 verifiable until 06/20/2020.

Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE