Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383		a PH
From:	Account Name : C T CORPORATION SYST Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845		կ։ 29
**Enter ar	the email address for this business ent nual report mailings. Enter only one ema	ity to be used for sil address please.	futur **
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	Foreign Limited Liability C AFEC Management Compa	- •	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

issue (mavailable, enter alternate in	tine adequed for the purpose of transacting business in I lo	orida. The alternate name most	i include "Emnied Laibibly C	onipany." 1.4C	or "t.l
Illinois		46-392900 3.	б		
(Turesdiction under the law of wh	ich foteign finited liability company is organized)		(ELL-pumber, if applicable)		
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	Cata Consequent of human in Florida, Harrist to	projetrabón i			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905; F.S. to determ	ine penalty liability)	SS	ت	
855 Bradley Rd			ل ار د اعار	-o ·	
		6	(Madiog Address)	-r: -b:	
(Street Address of Principal Office)			1, dansa vaners	1	
Mettawa, IU 60045				. 29	
			<u>;</u>	<u>. w</u>	
	ട്ട of Florida registered agent: (P.O. Bo	NOT accentable)			
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Name and street address	<u> </u>				
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	C T Corporation System				
Name and <u>street addres</u> Name:					
	C T Corporation System				
	C T Corporation System				
Name:	C T Corporation System 1200 South Pine Island Road		33324		

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.

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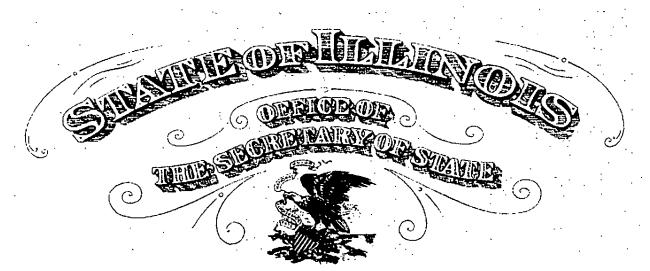
Name and Address:	Title or Capacity:	Name and Address
Name: Kristin Casas	Manager	Name:
Address: 12580 Sunnydale Rd	☐ Member	Address:
Wellington, FL 33414	Authorized	
	Person	
Other	Other	Other
Name: Paul Hogan 855 Bradley Rd	☐ Manager	Name: SS PA
	_	Address: 71
Metara, 12 (8)45	Authorized Person	29 0 A
Other	Other	Other
Name:	Manager	Name:
Address:	☐ Member	Address:
	☐ Authorized	
	Person	
Other	Other	Other
	Address: 12580 Sunnydale Rd Wellington, FL 33414 Other	Address: Member M

Typed or printed name of signer

Kristin K. Casas, Member

File Number

0456676-9



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

AFEC MANAGEMENT COMPANY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 04, 2013, 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 day of A.D.JULY 2019

Authentication #: 1920001656 verifiable until 07/19/2020

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