

M19000008028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

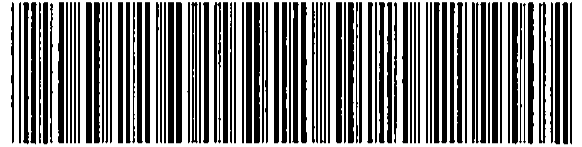
(Business Entity Name)

(Document Number)

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AND
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2019 AUG 13 PM 4:53

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AUG 20 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cambridge Business Publishers, 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:

Jill Fischer

Name of Person

Cambridge Business Publishers

Firm/Company

102 Chestnut Ave

Address

Westmont, H. 60559

City/State and Zip Code

jfischer@cambridgepub.com

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

For further information concerning this matter, please call:

Jill Fischer

630

747-8039

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:

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

2019 APR 13 PM 4:53

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

IN COMPLIANCE WITH SECTION 085002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTING TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. Cambridge Business Publishers, LLC

2. (Name of the Limited Liability Company and the Limited Liability Company is "LLC" or "LLP")

3. (If the company is a corporation, it must be a corporation organized under the laws of the State of Wisconsin or the State of Illinois)

4. State of Wisconsin 27009517

5. 1221 SW 127 Terrace 102 Chestnut Ave

6. 0805 2019

7. Date first registered business in the State of Wisconsin
See certificate of incorporation or articles of incorporation for details

8. 1221 SW 127 Terrace

9. Street Address of Principal Office

10. 102 Chestnut Ave

11. (Mailing Address)

12. Date: FL 05/12/19

13. Westmont, IL 60559

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

15. Name: Hector Alvero

16. Office Address: 1221 SW 127 Terrace

17. Date:

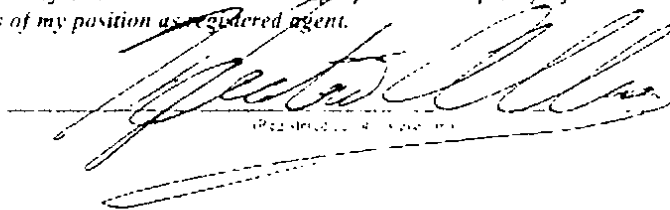
18. 05/12/19

19. Location:

20. 24 000

21. 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.

22. 
23. (Registered Agent's Signature)

2019 AUG 13 PM 4:53

APPROVED
AUG 13
2019

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: George Werthman

☐ Member Address: 102 Chestnut Ave

☐ Authorized Westmont, IL 60559

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

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

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

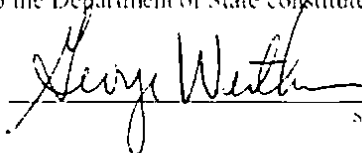
Person _____

☐ 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.



Signature of an authorized person

George Werthman

Typed or printed name of signer

2019 AUG 13 PM 4:53
FILED
NOTED

DOM
180 181 183

United States of America
State of Wisconsin



DEPARTMENT OF FINANCIAL INSTITUTIONS

To All to Whom These Presents Shall Come, Greeting:

I, Mary Ann McCoshen, Administrator, Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

CAMBRIDGE BUSINESS PUBLISHERS, LLC

is a domestic corporation or limited liability company organized under the laws of this state and that its date of incorporation or organization is June 28, 2004.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120, Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed the official seal
of the Department on August 8, 2019.

2019 AUG 13 PM 5:30

A handwritten signature in cursive script, reading "Mary Ann McCoshen".

MARY ANN McCOSHEN, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

By: