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COVER LETTER

TO: Registration Section

SUBJECT:	Sandy Dunes, LLC.								
, , , , , , , , , , , , , , , , , , , ,	Name of Limited Liability Company								
The enclosed Existence, ar	l "Application by Foreign d check are submitted to	a Limited Liability (register the above r	Company for Authoriz referenced foreign lim	ation to Transact Business in Florid ited liability company to transact bu	a," Certific isiness in Fl	ate o lorida			
Please return	all correspondence conc	erning this matter to	the following:						
	Stephen A. Schuma	scher							
			Name of Person						
	Sandy Dunes Advis	sors, LLC		JEVÍ JALL	2019 A	.			
	3900 Galt Ocean D	rive #1803	Firm/Company	当 (5): (5): (5):	2019 Apg 13				
	————————	——————————————————————————————————————		ω. ω.	<u></u> 0				
	Fort Lauderdale, FL	. 33308	Address	FLORIDA	PH 4: 01	1			
		Ci	ty/State and Zip Code		_				
	steveschumacher4@y	/ahoo.com							
	E-	mail address: (to be	used for future annua	report notification)	_				
For further in	formation concerning thi	s matter, please call	:						
Ster	ohen A. Schumacher		312 at (316-5655)					
	Name of Co	ontact Person	Area Code	Daytime Telephone Number					
Divi Regi P.O.	sion of Corporations istration Section Box 6327 ahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle					
Plea	osed is a check for the fose make check payable to \$125.00 Filing Fee		_	Tallahassee, FL 32301	ig Fee. Certi	ificat			

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:

ς.	andy Dunes Advisors, I	Limited Liability Company; must include "Limit	ed Liabilit	y Company," "L.1C	," or "LLC.")			
	<u>-</u>	name adopted for the purpose of transacting business in Fl						
		name adopted for the purpose of transacting business in FI	orida. The a	lternate name must inclu	ide "Limited Liability (Company," "	L.L.C," or	"LLC,")
2.	Illinois		3.			ਹ	20	
	(Jurisdiction under the law of w	hich foreign limited liability company is organized)			(FEI number, if	applicable)	9	
4.	Have not transacted by	usiness in FL yet				AHAS	9 AUG I	:
•		(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ	registration	i.) Liability)		- <u>(</u>)	ယ	
5.	3900 Galt Ocean Driv	e #1803	6.	3900 Galt Ocea	n Drive #1803	E. FL	۶H ۲	; ; ;;
	(Street Address of	Principal Office)	O.		(Mailing Address)	10800 118101		_
	Fort Lauderdale, FL 31	3308		For: Lauderdale	, FL 33308			
								_
7.	Name and street address	ss of Florida registered agent: (P.O. Box	C <u>NOT</u> a	ecceptable)				
	Name:	Stephen A. Schumacher	,					
	Office Address:	3900 Galt Ocean Drive #1803						
		Fort Lauderdale		, Florida	33308			
		(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.

= 15

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Manager	Name: Stephen A. Schumacher	■ Manager	Name: Margaret Schumacher
Member	Address: 3900 Galt Ocean Drive #1803	☐ Member	Address:1900 Galt Ocean Drive #180
Authorized	Fort Lauderdale, FL 33308	Authorized	Fort Lauderdale, FL 33308
Person		Person	
Other	Other	Other	
□Manager □Member	Name:	☐ Manager	Name: Name: Address:
Authorized		Authorized	PH PH
Person		Person	H: O
Other	Other	Other	Other
]Manager	Name:	☐ Manager	Name:
]Member	Address:	☐ Member	Address:
]Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

- 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.

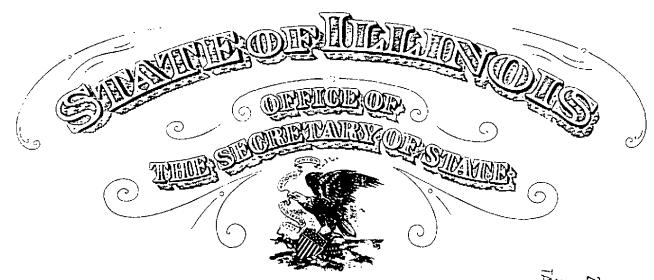
Signature of an authorized person

Signature of an authorized person

Typed or printed name of signee

File Number

0540662-5



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

SANDY DUNES LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 17, 2015, 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 7TH day of AUGUST A.D. 2019 .

Donne Waite