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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: R+A APART MENTS, LLC Name of Limited Liability Company						
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida." Certificate 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:						
RICHARD J GIRARD Name of Person						
R+A APARTMENTS, LLC Firm/Company						
330 S. LUXFORD CT Address						
BOURBONNAIS, 1L G0914 City/State and Zip Code						
For further information concerning this matter, please call:						
RICHARD J GIRARD at (815) 937-4203 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: \$\Bigsigm\$\$\$ \$125.00 \text{ Filing Fee}\$ \$\Bigsigm\$\$\$ \$\$130.00 \text{ Filing Fee} & \Bigsigm\$\$\$ \$Certificate of Status\$\$\$\$ Certified Copy\$\$ \$\$ \$160.00 \text{ Filing Fee} & \Bigsigm\$\$\$\$ \$\$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$ \$\$\$\$\$\$ \$\$\$\$\$ \$\$\$\$						

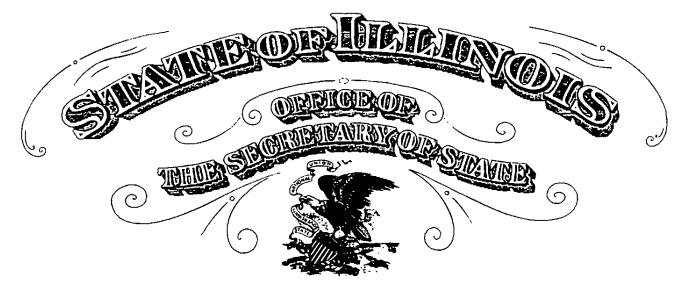
- APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	ION 605.0902, FLORIDA STATUTES, THE FOI. SINESS IN THE STATE OF FLORIDA:	LOWING IS SUBMITTED TO R	EGISTER A FOREIGN TIMI	TED IABILTY
R+A	APARTMENTS LL	- C	·	
(Name of Foreign I.	imited Liability Company; must include "Limited l	nability Company," "L.L.C.," or "l	.LC.")	
(If name unavailable, enter alternate na	me adopted for the purpose of transacting business in Florid			
2. ILLINOIS	ch foreign limited liability company is organized)	3. <u>27-159</u>	8452	
(Jurisdiction under the law of whi	ch foreign limited liability company is organized)	(F	El number, il applicable)	
4	(Date first transacted business in Florida, if prior to reg (See sections 605.0904 & 605.0905, F.S. to determine	istration.) penalty liability)		
5. <u>330 5</u>	LUXFORD CT	6. <u>330 S LU</u> (Maile BOURBONN 60	IXFORD CT	
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	,0914	60	914 8	
			t .	- 2H - 2h
	of Florida registered agent: (P.O. Box 1		ယ -	¥ 4
	RICHARD J GI		章 	Ĵ
Office Address:	21549 MISANO	DR	r ယူ	
	ESTERO (City)	, Florida <u>3</u> :	<u> 3928</u>	
Registered agent's accept	(3)	(Zip code)	
to comply with the provision	ion, I hereby accept the appointment as ions of all statutes relative to the proper a of my position as registered agent.	nd complete performance of		
	(Registered agent's sig	nature)		
8. The name, title or capacity:	city and address of the person(s) who has <u>Name and Address:</u>	have authority to manage is/ <u>Title or Capacity:</u>	/are: <u>Name and Addr</u>	<u>'ess:</u>
OWNER	RICHARD GIRARD 330 5 LUXFORD CT	OWNER	ANITA GIR	ARD
	330 5 LUXFORD CT BOURBONNAIS IL		<u>330 5 LVX</u> BOURBON	NAIS I
	60914			60914
				
(Use attachments if necess	ary)			
	of existence, no more than 90 days old, do of which it is organized. (If the certificate bmitted)			
	the Department of State constitutes a third	1 degree felony as provided 1		rmation
	Signature of	an authorized person		
	RICHARD J GI	ear D		

Typed or printed name of signee

File Number

0321355-2



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

R & A APARTMENTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 05, 2010, 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 30TH day of AUGUST A.D. 2019.

Authentication #: 1924202490 verifiable until 08/30/2020
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE