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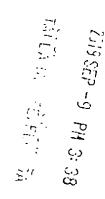
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COVER LETTER

TO:

Registration Section
Division of Corporations

Data Driven Investments, LLC SUBJECT:	
Name of Limited Liability	Company
The enclosed "Application by Foreign Limited Liability Company for Authori Existence, and check are submitted to register the above referenced foreign lin	•
Please return all correspondence concerning this matter to the following:	
Hipolito Rodriguez	
Name of Person	· · · · · · · · · · · · · · · · · · ·
Firm/Company	
3308 N. Oak Park Ave	<i>ယ္</i> ယ ——————————————————————————————————
Address	
Chicago, IL 60634	
City/State and Zip Cod	e
hip.rodriguez@gmail.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, please call:	
Andrew Hoek 813	251-2701
Name of Contact Person Area Cod	e 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 STA	ATE
■ \$125.00 Filing Fee	0 Filing Fee & \$160.00 Filing Fee, Certificate fied Copy of Status & Certified Copy

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 LIABILIT COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

		ted Liability Company," "L.L.C.," or	· "LLC.")	
une unavailable, enter alternate r	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "L	imited Liability (Company," "L.L.C," or "L.L.
llinois		2	<u>-</u> 4.	7
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if	applicable)
			7	_ &
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	o registration.) mine penulty liability)		Pi l
3308 N. Oak Park Ave	:	3308 N. Oak Park A 6.		رې
(Street Address of I	Principal Office)	(M:	ailing Address)	<u>ज</u> &
Chicago, IL 60634		Chicago, IL 60634	34	
Name and street address	ss of Florida registered agent: (P.O. Bo.	x NOT acceptable)		
Name and street addres	ss of Florida registered agent: (P.O. Bo.	x <u>NOT</u> acceptable)		
Name and street addres Name:	ss of Florida registered agent: (P.O. Bo. DeWitt Law Firm, P.A.	x <u>NOT</u> acceptable)		
Name:	DeWitt Law Firm, P.A. 607 W. Bay Street		06	

(Registered agent's signature)

manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Name: Hipolito Rodriguez Manager Name: Address: ____ 3308 N. Oak Park Ave Member Address: _____ Member Chicago, IL 60634 Authorized Authorized Person Person Other____ Other____ Other__ Name: Name: Manager Manager Address: Member Address: ☐ Member Authorized Authorized Person Person Other_ Other____ Other Other____ Manager Name: Name: ______ Manager Manager Member ☐ Member Address: Address: Authorized Authorized Person Person Other_____ Other____ Other_____ Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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 egnstitutes a third degree felony as provided for in s.817.155, F.S. grature of an authorized person Hipolito Rodriguez

Typed or printed name of signee

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



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

DATA DRIVEN INVESTMENTS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 05, 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 5TH day of SEPTEMBER A.D. 2019 .

Authentication #: 1924802274 verifiable until 09/05/2020

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

Desse White

SECRETARY OF STATE