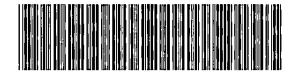
M190000 10000

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



800334943968

10/07/19--01042---026 **160.00



D. BRUCE OCT 19 7019

COVER LETTER

•	ion of Corporations								
	Emple Mark Properties, LLC								
SUBJECT: _									
	Nanic	e of Limited Liability	Company						
The enclosed ' Existence, and	"Application by Foreign Limited Liability Colleck are submitted to register the above v	Company for Authoriza eferenced foreign lime	ntion to Transact Business in Flo ted liability company to transact	onda," Co i busin <mark>e</mark> ss	ntiliem in Flo	e of rida			
Please return a	all correspondence concerning this matter to	the following:							
	Claire M. Wilson								
		Name of Person							
	Claire M. Wilson Attorney at Law								
		Firm/Company							
	25154 W. Channon Dr. P.O. Box 344								
	Address								
	Chamabon, Illmors 60410								
	Ci cwilsonlaw@gmail.com	ity/State and Zip Code							
	E-mail address: (to be	used for future amoun	report notification)						
For further inf	ormation concerning this matter, please call	1.							
	tre M. Wilson	815	467-1184	7	2019 OCT	ethan.			
	Name of Contact Person	at (at Code	Daytime Telephone Nun	uhêr	8	43)			
Divis Regis P O	ILING ADDRESS: sion of Corporations stration Section Box 6327 hassee, Ft. 32314	Allea Code	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		1-7 PH 4:21	trace of			
Plens	osed is a check for the following amount: a make check payable to: FLORIDA DEP. (125 to Filing Fee S130,00 Filing F Certificate o	Pec & 🔲 \$155,00	TE Filing Fee & S160 00 Filed Copy of Status						

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

(Name of Porcigit	Limited Liability Company; must include "Limited	Liability Company," "L. L.C.," or "LLC.")		_
ame a assistante como menato na Hilmois	aren all pred () the purpose of transacting business in Flori	da. The alternate name must include. Limited had 82-25841002	hilds Company 1 C.	
		3		
(furnisherion under the law of w	nch toreign limited lability company is organized)	(Fit nent	ber il applicable)	_
	(Date that transacted business in Florida, it privil to re	- 140		
25154 W. Channon D	ofer sections 605 0904 & 605 0005, F.S. to determin	PO, Box 344		
Orient Address of I		6, Mading Add		_
Chamalion, Illinois 6	•	(Maing Aud Channahon, Himois 60410		
	s of Florida registered agent: (P.O. Box	NOT acceptable)	## 77 77 77 77 77 77 77 77 77 7	2019 OCT - 7 P
Name	C T Corporation System		7 C	# 17 T
Office Address:	1200 South Pine Island Road	<u></u>	19 mi	2
	Plantation	Florida33324	 	
	tance:		Hiability company at	the place other agree

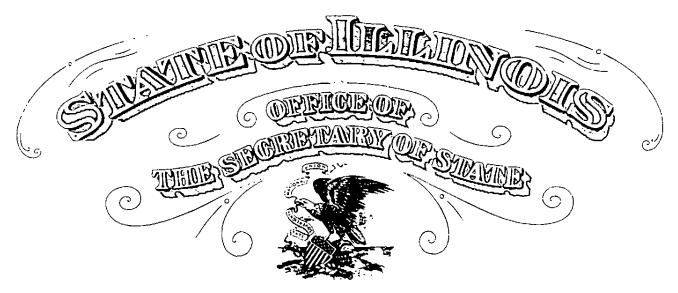
8 For minal indexing purposes, fist names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

r 1 --- ·

Title or Capacity: Manager	Name and Address: Gregory M. Wilson Name:	Title or Capacity: Manager Member	Douglas M. Welson			
Member	Name: 5584 Whitefall Ridge Drive Address:		Name:			
☐ Authorized	Yorkville, Illinois 60560	Authorized				
Person		Person	**************************************			
[]Ollei	Other	Other	Other			
Nimager	Maureen A. Wilson	☐ Ntanager	Clare M. Wilson Name			
■ Member	5584 Whitetad Ridge Drive Address:	■ Member □ Authorized Person	12624 McKanna Rd Address:			
☐Authorized	Yorkville, Illinois 60560		Minooka, Illinois (0447			
Person			2019 0			
Other	Other	Other	Doile: 3			
☐Manager ☐Member ☐Authorized	Name:	☐ Manager ☐ Member ☐ Authorized	Name: The Address: The Address: The Address Ad			
Person		Person	• • • • • • • • • • • • • • • • • • •			
Other	Other	Other	Othe:			
nidexed individuals 9. Attached is a cert jurisdiction under it of the translator ma. 10. This document i	Ise an attachment to report more than six (6). The may be added to the index when filing your Florid ifficate of existence, no more than 90 days old, dulie law of which it is organized. (If the certificate is stibe submitted) is executed in accordance with section 605,0203 (1) ment to the Department of State constitutes a third Signature of a hyper or pur hyper or	la Department of State ly authenticated by the s in a foreign language (b). Florida Statutes, degree felony as provi authorized person	official having custody of records in the a translation of the certificate under oath farmaware that any false information ded for in s.817.155. F.S.			

File Number

0648960-5



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

TRIPLE MARK PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 22, 2017, 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 3RD day of OCTOBER A.D. 2019 .

Authentication #1 1927600456 verifiable until 10/03/2020
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE