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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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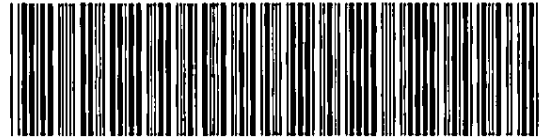
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

2019 OCT 10 AM 10:54

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10-22-19

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MBAN Properties, 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:

KEVIN M. HELMICH, ESQ.

Name of Person

BEGGS & LANE

Firm/Company

4405 COMMONS DR. E STE. 102

Address

DESTIN, FL 32541

City/State and Zip Code

kmh@beggslane.com

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

For further information concerning this matter, please call:

Kevin M. Helmich, Esq.

at ( 850 )

650-4747

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

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2019 OCT 10 AM 10:54  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

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:

1. MBAN Properties, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois 20-3291068  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 984 WADE STREET  
(Street Address of Principal Office) 6. \_\_\_\_\_  
(Mailing Address)

HIGHLAND PARK  
IL 60035

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

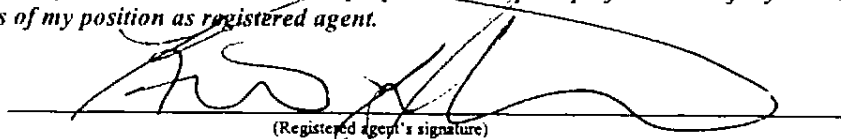
Name: Beggs & Lane

Office Address: 4405 Commons Dr. E. STE. 102

Destin 32541  
(City) , Florida (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.

  
(Registered agent's signature)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: BRIAN R. SULLIVAN

☐ Member Address: 984 WADE ST

☐ Authorized HIGHLAND PARK, IL 60035

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: MARIA SULLIVAN

☐ Member Address: 984 WADE ST

☐ Authorized HIGHLAND PARK, IL 60035

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

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2018 OCT 10 AM 10:54  
CLERK OF SUPERIOR COURT  
JANASSIE, FLORIDA

**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)

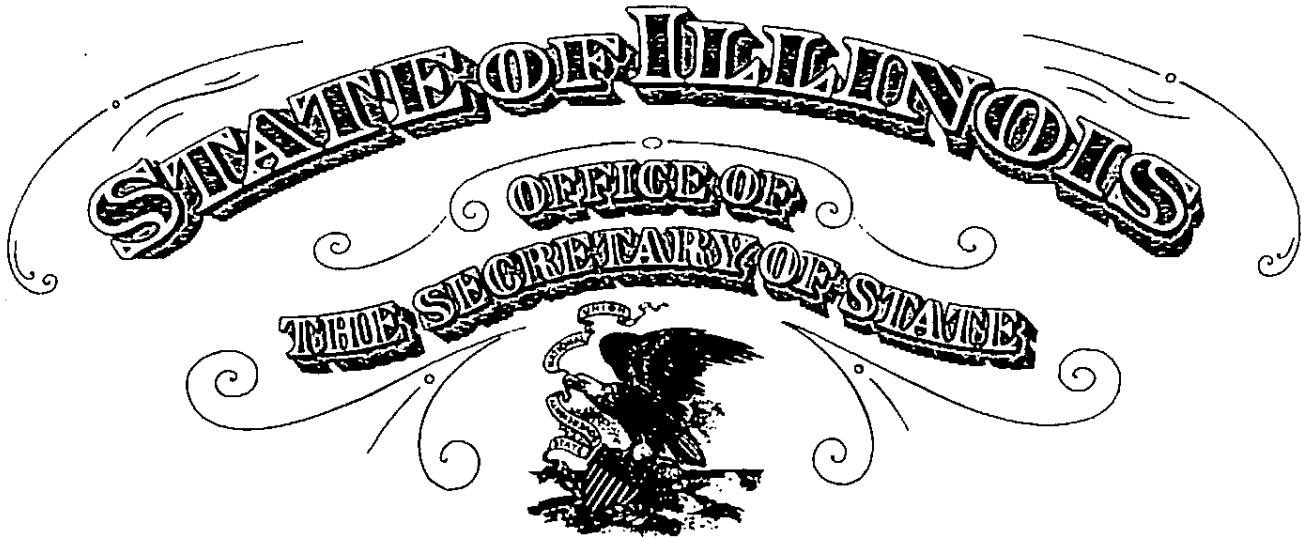
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Brian R. Sullivan  
Signature of an authorized person

Brian R. Sullivan  
Typed or printed name of signer

File Number

0159297-1



***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*

MBAN PROPERTIES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 11, 2005, 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 9TH  
day of SEPTEMBER A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE



Office of the Secretary of State Jesse White  
**CYBERDRIVEILLINOIS.COM**

## Corporation/LLC Search/Certificate of Good Standing

### Receipt

Your Certificate of Good Standing has been processed. If you have any questions concerning your purchase, please contact us through the [Business Services Contact Form](#).

Please print this receipt for your records.

#### Fee For This Transaction

Purchase Date	2019-09-09 03:19 PM
Authentication Number	1925202332
Confirmation Number	245812
Payment Method	CREDIT CARD
Transaction Fee	\$25.00
Payment Processor Fee	\$1.00

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<b>Total Fee</b>	<b>\$26.00</b>
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Printable Document	<a href="#">Print Certificate</a>	PDF
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A payment processor fee of 2.35% will be assessed for Credit Cards or a fee of \$1.22 will be assessed for Electronic Checks (if accepted).

- [Return to the Search Screen](#)
- The printable version is viewable with the latest version of [Adobe Acrobat Reader](#).