

W19000010885

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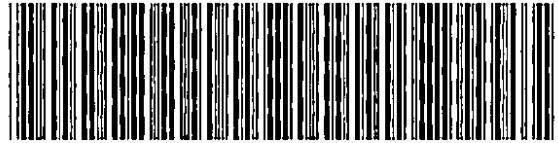
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W19000097746

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2019 NOV -7 PM 12:29  
FILED  
U.S. DEPT. OF JUSTICE

**RMC****RICHARD M. COLOMBIK & ASSOCIATES, P.C.**

1000 E WOODFIELD ROAD, SUITE 233  
SCHAUMBURG, IL 60173  
TELEPHONE 630-250-5700  
FAX 847-908-8136  
<http://www.colombik.com>

## FACSIMILE TRANSMITTAL SHEET

TO: DIVISION OF FOREIGN LLC

FROM: JIM MORTENSEN  
DIRECT LINE 630-250-5719COMPANY: FL SOS BUSINESS  
SERVICES

DATE 11/7/19

FAX NUMBER: 850-245-6030

TOTAL NO. OF PAGES INCLUDING  
COVER: 8

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ FOR YOUR FILES  
☐ PLEASE SIGN ☐ PLEASE HANDLE ☐ AS REQUESTED ☐ FYI ☐ ACKNOWLEDGE RECEIPT

ORIGINAL OF TRANSMITTED DOCUMENT WILL BE SENT BY:

☐ FIRST CLASS MAIL ☐ HAND DELIVERY ☐ OVERNIGHT MAIL ☐ MESSENGER  
☐ THIS WILL BE THE ONLY FORM OF DELIVERY OF THE TRANSMITTED DOCUMENT

DOCUMENT # W19000097746 FLING DATE 11/5/19

Status Rejected filing

Pursuant to our telephone conversation, we were advise that the filing was rejected due to a document for the Michigan SOS was not sufficient enough and we could fax over the corrected document, which is attached herewith. I am also inclosing all the documents we previously sent to you.

Please contact me at the number above should you require anything further.

Thank you

Jim Mortensen

This facsimile contains PRIVILEGED AND CONFIDENTIAL INFORMATION intended only for the use of the addressee named above. If you are not the intended recipient of this facsimile, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying this fax is strictly prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the address below via U.S. Postal Service. Thank you.

1000 E WOODFIELD ROAD SUITE 233 SCHAUMBURG IL 60173



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2019

AMBER L. BARSEKIAN  
1000 WOODFIELD RD.  
SUITE:233  
SCHAUMBURG, IL 60173

SUBJECT: 520 MARQUETTE, LLC  
Ref. Number: W19000097746

We have received your document for 520 MARQUETTE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 919A00022875

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 520 Marquette, 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:

Amber L. Barsegian

Name of Person

Richard M. Colombik & Associates, PC

Firm/Company

1000 Woodfield Rd. Suite 233

Address

Schaumburg, IL 60173

City/State and Zip Code

abarsegian@colombik.com

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

For further information concerning this matter, please call:

Amber L. Barsegian

630

250-5717

at ( )

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

**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. 520 Marquette, 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. Michigan

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_

(FEL 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. 510 Ocean Drive

(Street Address of Principal Office)

Unit 300

Miami Beach, FL 33139

6. 520 Marquette, LLC - D. Williams

(Mailing Address)

1314 Kensington Rd

Oak Brook, IL 60522

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

Name: Carlos Bardagi

Office Address: 11752 Timbers Way

Boca Raton

(City)

33428

(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.*

*One copy contain Signature*  
(Registered agent's signature)

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: Dan Williams  
☐ Member Address: 520 Marquette, LLC  
☐ Authorized 1314 Kensington Rd.  
 Person Oak Brook, IL 60522  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

Title or Capacity:Name and Address:

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_  
☐ Member Address: \_\_\_\_\_  
☐ Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**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.

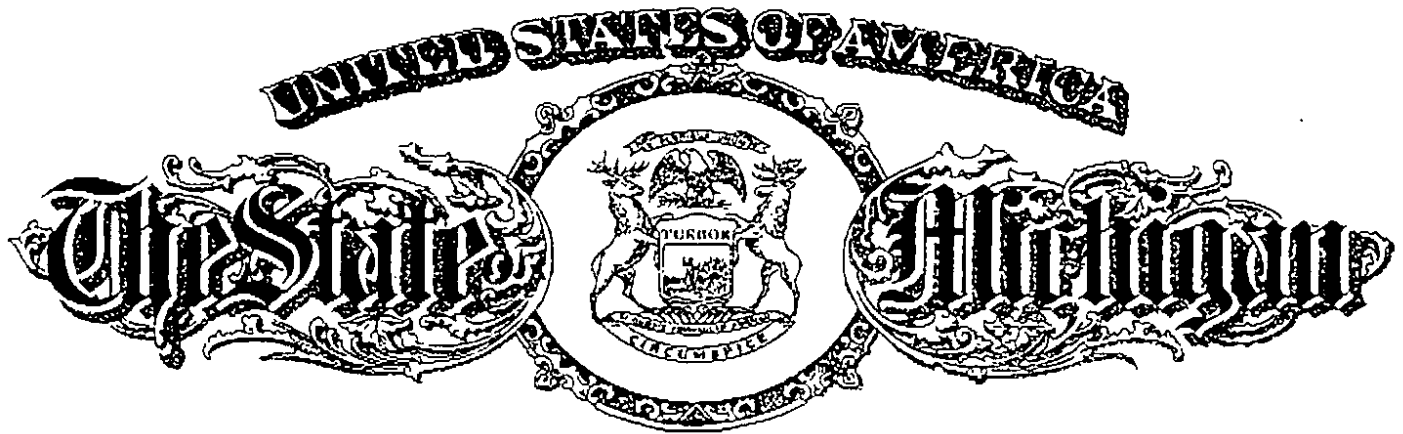
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

*Your Copy contains Signature*  
 Signature of an authorized person

Dan Williams

Typed or printed name of signee

**Department of Licensing and Regulatory Affairs**

Lansing, Michigan

This is to Certify That  
520 MARQUETTE, LLC

was validly authorized on May 14, 2014, as a Michigan DOMESTIC LIMITED LIABILITY COMPANY,  
and said limited liability company is validly in existence under the laws of this state and has satisfied its  
annual filing obligations.

2019 NOV - 7 PM 12:29  
STATE OF MICHIGAN  
LICENSING AND REGULATORY AFFAIRS

This certificate is issued pursuant to the provisions of 1993 PA 23 to attest to the fact that the company is  
in good standing in Michigan as of this date.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit  
given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand,  
in the City of Lansing, this 6th day of November, 2019.

Julia Dale, Director

Corporations, Securities &amp; Commercial Licensing Bureau

Sent by electronic transmission

Certificate Number: 19116641830

Verify this certificate at URL to eCertificate Verification Search <http://www.michigan.gov/corpverifycertificate>.