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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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RECEIVED

Foreign Limited Liability Company
Lone Oak - Palm Beach, L.L.C.

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920 11/26/19

NOV 27 2019

M. SOLOMON

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Corporate Filing Menu

Help

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. Lone Oak - Palm Beach, L.L.C.
(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. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. (FEI number, if applicable)

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

5. 6250 N. River Road, Suite 9000
(Street Address of Principal Office)
Rosemont, Illinois 60018
6. 6250 N. River Road, Suite 9000
(Mailing Address)
Rosemont, IL 60018

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

Name: C T Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324

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.

By: C T Corporation System
by: James M. Halpin, Assistant Secretary
(Registered agent's signature)

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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]:


| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|---|--|--|--------------------------------------|
| <input checked="" type="checkbox"/> Manager | Name: Lone Oak Realty LLC | <input type="checkbox"/> Manager | Name: _____ |
| <input checked="" type="checkbox"/> Member | Address: 6250 N. River Road | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized Person | Suite 9000 Rosemont, Illinois 60018 | <input type="checkbox"/> Authorized Person | _____ _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: Nicholas L. Giampietro | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 6250 N. River Road | <input type="checkbox"/> Member | Address: _____ |
| <input checked="" type="checkbox"/> Authorized Person | Suite 9000 Rosemont, Illinois 60018 | <input type="checkbox"/> Authorized Person | _____ _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: Kurt J. Roemer | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: 6250 N. River Road | <input type="checkbox"/> Member | Address: _____ |
| <input checked="" type="checkbox"/> Authorized Person | Suite 9000 Rosemont, Illinois 60018 | <input type="checkbox"/> Authorized Person | _____ _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

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 DEPARTMENT OF STATE
 CORPORATION SERVICES
 1111 EAST WASHINGTON AVENUE
 SUITE 1000
 TALLAHASSEE, FL 32304

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.



 Signature of an authorized person

Nicholas L. Giampietro

 Typed or printed name of signer

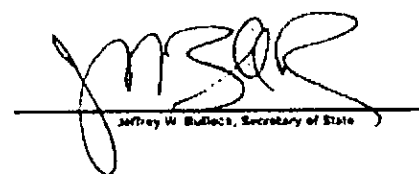
Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LONE OAK - PALM BEACH, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF NOVEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



Jeffrey W. Bullock, Secretary of State

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SR# 20198308979

You may verify this certificate online at corp.delaware.gov/authver.shtml

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Date: 11-26-19