M1000000951

(Re	equestor's Name)				
(Ad	dress)				
——————————————————————————————————————	dress)				
(Cit	y/State/Zip/Phone	#)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	<u> </u>			
(Document Number)					
Certified Copies	_ Certificates o	of Status			
Special Instructions to	Filing Officer:				

Office Use Only



100338713921

01/09/20--01005--030 **625.00

FILED A 8 26

AN SKILL EVIEUX

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	18					
CHD II	rot.	GWM	Real Estate, L.	LC			
SUBJI	ECT:	Name of Li	mited Liability	Company			
		eign Limited Liability Compa d to register the above referen					
Please	return all correspondence c	oncerning this matter to the fo	ollowing:				
		Syc	lney Tharp				
		Nan	ne of Person				
		R	ural King				
		Fire	n/Company				
		42161	Dewitt Avenue				
			Address				
		Matte	on, IL 61938				
		City/State and Zip Code					
		-	Pruralking.com				
		E-mail address: (to be used	for future annu	al report notification	on)		
For fur	ther information concerning	g this matter, please call:					
	Sydney Tharp		217 at (235-7102 Ext.	. 2829		
	Name o	f Contact Person	Area Cod	e Daytime T	elephone Number		
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADD Division of Corp Registration Sec Clifton Building 2661 Executive Tallahassee, FL	porations ction Center Circle		
	Enclosed is a check for the Please make check payab	ne following amount: de to: FLORIDA DEPARTN	IENT OF STA	ATE			
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Statu	\$155.0	0 Filing Fee & fied Copy	S160.00 Filing of Status & Cert		

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

IN COMPILANCE 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:

G. Melvin Real Estate, LI	Limited Liability Company; must include "Limited LC	a manning	Company, 2.13.	on or thick y		
name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flor	rida. The alti	emate name must inc	lude "Limited Liability Con	npany," "L.L.C," or "LI.C."	
Illinois		3				
(Jurisdiction under the law of which foreign limited liability company is organized		3. (FEI number, if applicable)				
	(Date first transacted business in Florida, if prior to ISec sections 605 0904 & 605,0905, F.S. to determi	registration inc penalty li	ability)			
4216 Dewitt Avenue (Street Address of Principal Office)		6.	4216 Dewitt A	ewitt Avenue (Mailing Address)		
(Street Address of I	rincipal Office)	-		(Mailing Address)		
Mattoon, IL 61938		Mattoon, IL 61938				
		=				
		-				
Name and street address	s of Florida registered agent: (P.O. Box	: NOT a	ccentable)			
a variet and succe dudies	<u> </u>			—; >>-> = 6	2	
. Ivame and street addres						
Name:	C T Corporation System					
- "	- · · · · · · · · · · · · · · · · · · ·			ELAHASSES	TILE	
Name:				33324 P.S.	FILED	

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.

Michael Jones, Assistant Secretary

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: Title or Capacity: Name and Address: Name: Gary Melvin ■ Manager Manager Name: 4216 Dewitt Avenue Member Address: Member Address: Mattoon, IL 61938 Authorized Authorized Person Person Other Other____ Other____ Other___ Manager Name: Name: _____ Member Address: Member Address: _____ Authorized Authorized Person Person Other____ Other Other_ Other____ Manager Manager Manager Name: ____ Name: _____ 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 constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Gary Melvin

Typed or printed name of signee

File Number

0835705-6



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

GWM REAL ESTATE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 20, 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 30TH day of DECEMBER A.D. 2019.

Desse White.

Authentication #: 1936402088 verifiable until 12/30/2020