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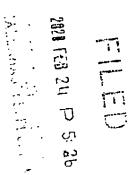
(Re	equestor's Name)				
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T. LEIMEUX

COVER LETTER

TO:	Registration Section · Division of Corporations					
SUBJ	CT: CONSEQUENCE HOLDINGS LLC. Name of Limited Liability Company					
The en	losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of e, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida					
Please	eturn all correspondence concerning this matter to the following:					
	RICK CATINELLA					
	Name of Person					
	Firm/Company					
	5301 N. FEDERAL HWY #180					
	BOCA RATON FL. 33487					
	City/State and Zip Code					
-	RICK @ CONSEQUENCE Medice - Com E-mail address: (to be used for future annual report notification)					
For fur	er information concerning this matter, please call:					
	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 \$\times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$255.00 Filing Fee & Certified Copy of Status & Certified Copy} \$125.00 Filing Fee & Certified Copy of Status & Certified Copy of Status & Certified Copy					



February 7, 2020

RICK CATINELLA 5301 N FEDERAL HWY #180 BOCA RATON, FL 33487

SUBJECT: CONSEQUENCE HOLDINGS, LLC

Ref. Number: W20000013208

We have received your document for CONSEQUENCE HOLDINGS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have a authorized person sign the document.,

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 020A00002861



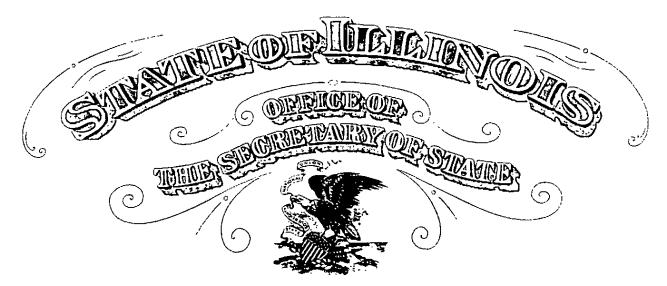
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

	N 605.0902, FLORIDA STATUTES, THE F FSS IN THE STATE OF FLORIDA:	OLLOWING IS SU	BMITTED TO REGISTE	R A FOREIGN LIMIT	150441BB.+
). C	いつらとのいといこと ited Liability Company; must include "Limit	HOLDIN	65 LLC		
(Name of Foreign Lim	ted Liability Company, must include "Limit	cd Liability Compan	y," "L.L.C.," or "LLC.")		
(If name imavailable, enter alternate name i	adopted for the purpose of transacting business in Fl	orida. The alternate nam	ne must include "Limited Liabil	ity Company." "L _i L C." or	
2 State 0	F LLINOIS oreign limited liability company is organized)	3.	27-20	24140	
(Jurisdiction under the law of which f	oreign limited liability company is organized)		(FEI number	, if applicable)	•
4.	JANHART 23	,)		
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.) tine penalty liability)			
5. S301 N, F	EDERAL HUY pal Office)	6	SAME (Mailing Addres	As off	ice
50.te 18	0				
BOLA RATO	2, FL. 33487				
7. Name and street address of	Florida registered agent: (P.O. Box	NOT acceptab	le)	232	
Name:	Rick Catin	ella		1 FEB 24 1	
Office Address:	5301 N. FEDERAL	Hwy t	± 130	D	
_	BULA RATON (City)		Florida 33 48	37 % 8	
designated in this application to comply with the provisions	ce: ered agent and to accept service of, , I hereby accept the appointment a of all statutes relative to the proper my position as registered agent.	s registered age	nt and agree to act in	this capacity. I fu	irther agree
					
	(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: Title or Capacity: Name and Address: Manager Address: S301 N. FEDERACHW Member Member Authorized Authorized Person Person Other Other_ Other ___Other_____ Manager Manager 🔲 Manager Member Address: ___ Member Authorized Authorized Person Person Other Other Other_ Other_____ Manager Manager Member Member 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 out: 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.

File Number

0293444-2



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

CONSEQUENCE HOLDINGS, LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 11, 2010, 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 24TH day of JANUARY A.D. 2020 .

Authentication #. 2002400344 verifiable until 01/24/2021
Authenticate at: http://www.cyberdriveillinois.com

m mace

SECRETARY OF STATE