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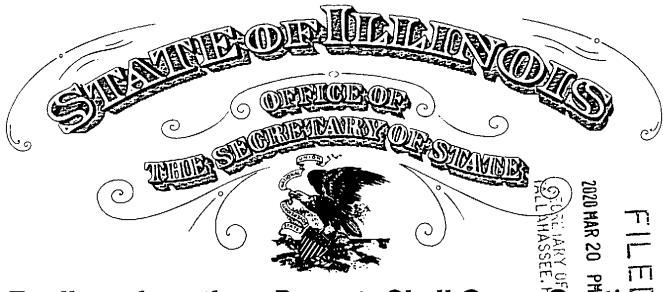
Date: March 20, 202	0	Account#. 1200000000									
Name: KEN HOWEL	<u>.L</u>										
Reference #: 1202	827										
Entity Name: THE CARMEN PARTNERSHIP, LLC											
✓ Articles of Incorporation/A	Authorization to Transact Busin	iess									
Amendment		202 52 7AL									
Change of Agent		ISSUES? GALLS -									
Reinstatement		KEN: SSE 2									
Conversion		518-213-0738 PF 50	ا — —								
Merger		: 50 ATE RIDA									
Dissolution/Withdrawal											
Fictitious Name											
Other			_								
Authorized Amount:	\$125.00										
Signature:											

+44 (0)20.3786.1090

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. THE CARMEN PART (Name of Foreign	NERSHIP, LLC Limited Liability Company; must include "Limited	Liabilit	y Company," "L.I.,C.," or "LLC.")		·····	····	
(If name unavailable, enter alternate n	ame adopted for the purpose of transacting business in Flori	ds. The s	ternate name must include "Limited Liab	ility Compa	uny," "L.L.C," o	 or "LLC.")	
2 ILLINOIS	and a particular to the partic		Applied For			,	
	hich foreign limited liability company is organized)	٥.	(FEI numb	er, if applies	able)		
•							
4.	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration o penalty	liability)	•			
5 1001 FEEHANVILLE			1001 FEEHANVILLE DRI	VE	Z _S	202	
(Street Address of Principal Office)		0.	(Mailing Addr	:55)			
MOUNT PROSPECT,	IL 60056		MOUNT PROSPECT, IL 6	0056		2020 HAR :	
					<u> </u>	20	-
m v	C. C. L	NOT	accentoble)		.0.E	뫔	IT
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOL	ecceptable))] [S.		
Name:	Corporation Service Company			·		: 50	
Office Address:	1201 Hays Street				DA A	0	
	Tallahassee		, Florida <u>32301</u>				
	(City)		(Zip code	:)			
	Corporation Service Company By: (Registrated agent's s		Assistant Secretary				
8. The name, title or capacity:	acity and address of the person(s) who had Name and Address:		authority to manage is/are: itle or Capacity:	<u>Name</u>	e and Add	ress:	
MANAGER	CARMEN MANAGER, LLC						
	1001 FEEHANVILLE DRIVE MT. PROSPECT, IL 60056	- -		<u> </u>			
		_					
		-					
(Use attachments if neces	ssary)						
9. Attached is a certificate jurisdiction under the law of the translator must be s	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)	duly au e is in a	thenticated by the official ha foreign language, a translati	ving cus	stody of real	cords in te under	the oath
	cuted in accordance with section 605.0203 the Department of State constitutes a thi					ormatio	n
			<u> </u>				
	Signature	of an auth	orized person				
	TA	YI. C	HERWIN				
			une of signee .				



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

THE CARMEN PARTNERSHIP, LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 19, 2020, 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 20TH day of MARCH A.D. 2020.

Authentication #: 2008001438 verifiable until 03/20/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE