

NR0000004545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

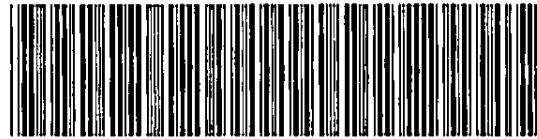
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2020 MAY 15 PM 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ys



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 7, 2020

JEFF JACOBS  
UNIVERSAL LENDERS LLC  
1140 LAKE ST STE 202  
OAK PARK, IL 60301-1050 US

SUBJECT: UNIVERSAL LENDERS, LLC  
Ref. Number: W20000045480

We have received your document for UNIVERSAL LENDERS, LLC and check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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

Laura D Chang  
Regulatory Specialist II

Letter Number: 320A00009423

# UNIVERSAL LENDERS, LLC.

April 30<sup>th</sup> 2020

TO: Registration Section  
Divisions of Corporations

Subject: Universal Lenders LLC

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.

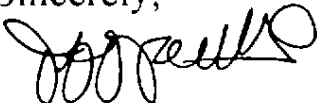
Please return all correspondence concerning this matter to the following:

Jeff Jacobs  
Universal Lenders LLC  
1140 Lake Street  
Suite 202  
Oak Park IL 60301  
[jjacobs@thezeroplan.com](mailto:jjacobs@thezeroplan.com)

For further information concerning this matter please call Jeff Jacobs at 312-307-2121.

Thank you

Sincerely,



Jeff Jacobs  
Member

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MAY 15 PM 2:09  
CLERK OF STATE  
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNIVERSAL LENDERS 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:

JEFF JACOBS

Name of Person

UNIVERSAL LENDERS LLC

Firm/Company

1140 LAKE ST STE 202

Address

OAK PARK, IL 60301-1050

City/State and Zip Code

jjacobs@universallenders.net

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

For further information concerning this matter, please call:

JEFF JACOBS

312 307-2121  
at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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. UNIVERSAL LENDERS 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. ILLINOIS USA  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 36-3928872  
(FEI number, if applicable)

4. HAVE NOT TRANSACTED BUSINESS  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 1140 LAKE ST  
(Street Address of Principal Office)

6. SAME  
(Mailing Address)

SUITE 202

OAK PARK IL 60301

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

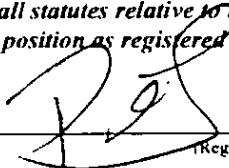
Name: PHILIP ROSENBERG

Office Address: 1226 MERLOT DRIVE

PALM BEACH GARDENS, Florida 33410  
(City) (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.

  
(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: JEFF JACOBS  
☒ Member                      Address: 123 W OAK  
☒ Authorized                      CHICAGO IL 60610  
Person \_\_\_\_\_  
☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

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

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

Title or Capacity:                      Name and Address:  
☐ Manager                      Name: PHILIP ROSENBERG  
☒ Member                      Address: 1226 MERLOT DR.  
☒ Authorized                      PALM BEACH GARDEN FL  
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.

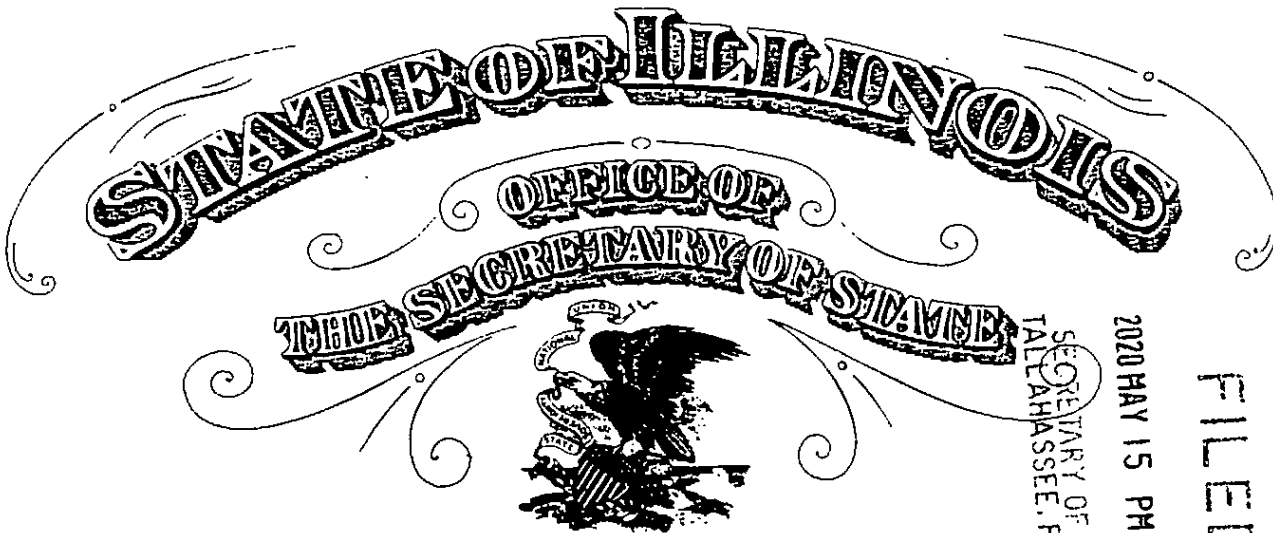
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

  
\_\_\_\_\_  
Signature of an authorized person  
JEFF JACOBS  
\_\_\_\_\_  
Typed or printed name of signee

File Number

0292368-8



**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*

UNIVERSAL LENDERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 22, 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 1ST*  
*day of APRIL A.D. 2020 .*

*Jesse White*

SECRETARY OF STATE