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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC'	John Buchmiller & Associates, LLC					
i diniti.	• •	Name of Limited Liability Company				
The enclo Existence.	sed "Application by Foreign Limited Liab , and check are submitted to register the a	bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida				
Please ret	urn all correspondence concerning this ma	atter to the following:				
	Brendan Davis					
		Name of Person				
	John Buchmiller & Associates, LLC					
	Firm/Company					
I N. La Salle Street, Suite 2350,						
Address						
	Chicago, IL, 60602					
	City/State and Zip Code					
	bdavis@buchmillerlaw.com					
	E-mail address:	(to be used for future annual report notification)				
For furthe	r information concerning this matter, plea	ise call:				
Brendan Davis		312 448-8173				
_	Name of Contact Person	at ()Area Code Daytime Telephone Number				
П Р	Tailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
į,	nclosed is a check for the following amorelease make check payable to: FLORIDA S125.00 Filing Fee S130.00 Filing Certification	DEPARTMENT OF STATE				



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2020

BRENDAN DAVIS 1 N. LA SALLE STREE, SUITE 2350 CHICAGO, IL 60602 US

SUBJECT: JOHN BUCKMILLER & ASSOCIATES, LLC

Ref. Number: W20000084217

We have received your document for JOHN BUCKMILLER & ASSOCIATES, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A second check was not required for the filing fees.,

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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

Laura D Chang Regulatory Specialist II

Letter Number: 120A00014550



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 9, 2020

BRENDAN DAVIS JOHN BUCHMILLER & ASSOCIATES, LLC 1 N LA SALLE STREET, SUITE 2350 CHICAGO, IL 60602 US

SUBJECT: JOHN BUCHMILLER & ASSOCIATES, LLC

Ref. Number: W20000071023

We have received your document for JOHN BUCHMILLER & ASSOCIATES, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not 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: 320A00013383

www.sunbiz.org

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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA;

1. John Buchmiller & Ass				
(Name of Foreign	Limited Liability Company: must include "Limite	rd Liability Com	pany," "L.L.C.," or "LLC,")	
If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alterna	te name must include "Limited Liability Comp	any," "L.L.C," or "LLC")
Ulinois 2	high foreign limited hability company is organized)	3	(PEI number, it applica	
Dursdiction talker the law of th	men tolergh tunned hability company is organized)		(FEI number, if applical	ble)
June 30, 2020				
	(Date first transacted business in Florida, if prior to 18ce sections 605,0904 & 605,0905, F.S. to determ	registration.) ime penalty habilit	5)	
110 Southeast 6th St. S		110	Southeast 6th St. Suite 1732 (Mailing Address)	
Fort Lauderdale, FL. 3.			Lauderdale, FL, 33301	
				2020
				- 12 S
. Name and <u>street addres</u>	ss of Florida registered agent: (P.O. Box	. <u>NOT</u> accep	table)	
Name:	Judith Ramos		_	PM 3: 2]
Office Address:	110 Southeast 6th St. Suite 1732		_	~
	Fort Lauderdale		3330) Florida	
	(Cuy)		(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)

April Daniel Commence

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	Name:	□Manager	Name:
■Member	Address:	■Member	Address: 13910 SW 18 Street
□Authorized	Freeburg, IL, 62243	7	Miami, FL, 33175
Person		Person	
□Other	□ Other	□Other	Other
□Manager	Name: Brendan Davis	□Manager	Name:
□Member	Address: 1 N. La Salle St.	□Member	Address:
■Authorized	Suite 2350, Chicago, IL, 60602	□Authorized	
Person		Person	2020
□Other	Other	Other	, , , , , , , , , , , , , , , , , , , ,
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	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. 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

Brendan Davis

Lyped or number name of surgers

File Number

0612028-8



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

JOHN BUCHMILLER & ASSOCIATES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 19, 2017, 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 2ND day of SEPTEMBER A.D. 2020.

Authentication #: 2024600920 verifiable until 09/02/2021 Authenticate at: http://www.cyberdriveillinois.com Desse White

SECRETARY OF STATE