

M20000008663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

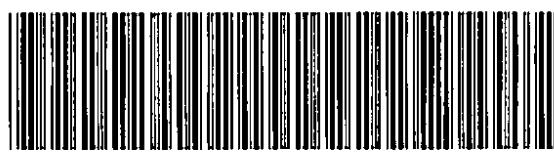
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700351880707

RECEIVED

SEP 14 2020

09/15/20--01004--029 +160.00

2020 SEP 14 PM 2:13

F.A.T. REC'D. BY RPA

45  
10/4/20



THE LAW FIRM OF  
**KEELEY, KUENN & REID**  
200 S. WACKER DRIVE, SUITE 3100  
CHICAGO, ILLINOIS 60606  
(312) 782-1829

GEORGE W. KEELEY

e-mail: gkeeley@kkrlaw.com

September 6, 2020

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

2020 SEP 14 PM 2

Enclosed is an Application by Foreign Limited Liability Company for Authorization to  
Transact Business in Florida, filed on behalf of Dirk Van Dongen Consulting, LLC, an  
Illinois limited liability company. Also enclosed is:

- Certificate of Good Standing issued by the Illinois Secretary of State  
dated September 2, 2020 for Dirk Van Dongen Consulting, LLC; and
- Check for \$160.00 for the filing fee, Certificate of Status and a Certified  
Copy.

Let me know if you require anything further for this filing.

Very truly yours,

**KEELEY, KUENN & REID**

By:

*George W. Keeley*  
George W. Keeley

GWK  
Encl.

## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** DIRK VAN DONGEN CONSULTING, LLC

SEARCHED \_\_\_\_\_ 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:

GEORGE W. KEELEY

Name of Person

KEELEY KUENN & REID

**Firm/Company**

200 SOUTH WACKER DRIVE, SUITE 3100

**Address**

CHICAGO, IL 60606

City/State and Zip Code

gkeeley@kkrlaw.com

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

For further information concerning this matter, please call:

George W Keeley 312 782-1829  
Name of Contact Person at ( ) 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

**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. DIRK VAN DONGEN CONSULTING, 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

85-2606374

(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_ (EIN number, if applicable)

4. N/A

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2721 31st Street, NW, Washington, DC 20008  
(Street Address of Principal Office)

6. 2721 31st Street, NW, Washington, DC 20008  
(Mailing Address)

MR

SEP

11

PM

12

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

Name: URS Agents, LLC

Office Address: 3458 Lakeshore Drive

Tallahassee 32312  
(City) Florida (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.*

URS Agents, LLC by: J. J. J. J.  
(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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Dirk Van Dongen</u>	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: <u>2721 31st Street, NW</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	<u>Washington, DC 20008</u>	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: <u>10 SEP 14 PM 2:15</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Dirk Van Dongen

Signature of an authorized person

Dirk Van Dongen

Typed or printed name 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*

DIRK VAN DONGEN CONSULTING, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 11, 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 2ND day of SEPTEMBER A.D. 2020.*

