

M200000009747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

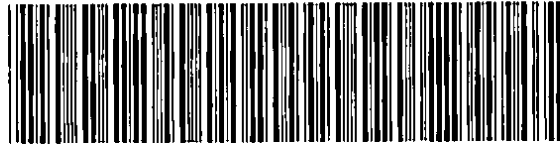
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2020 OCT 29 PM 2:12
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2020 OCT 29 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 490830 7120944

AUTHORIZATION :

COST LIMIT : \$150.00

ORDER DATE : October 28, 2020

ORDER TIME : 11:54 AM

ORDER NO. : 490830-005

CUSTOMER NO: 7120944

FOREIGN FILINGS

NAME: MOWERY & SCHOENFELD, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

 PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mowery & Schoenfeld, 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:

Jeffery L. Mowery

Name of Person

Mowery & Schoenfeld, LLC

Firm/Company

475 Half Day Road, Suite 500

Address

Lincolnshire, IL 60069

City/State and Zip Code

jmowery@msllc.com

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

For further information concerning this matter, please call:

Jeffery L. Mowery

847 281-3502
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

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. Mowery & Schoenfeld, L.L.C.
(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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. October 1, 2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 475 Half Day Road
(Street Address of Principal Office)

6. 475 Half Day Road
(Mailing Address)

Suite 500

Suite 500

Lincolnshire, IL 60069

Lincolnshire, IL 60069

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

Name: Corporation Service Company

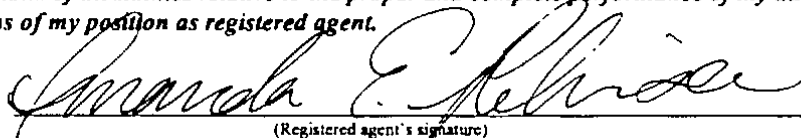
Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

FILED
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TALLAHASSEE, FLORIDA

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)

Amanda Robinson
Asst. Vice President

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: Thomas R. Keenan

☐ Member Address: 567 Caren Drive

☐ Authorized Buffalo Grove, IL 60089

Person

☐ Other ☐ Other

☒ Manager Name: Anthony Cullotta

☐ Member Address: 325 Grand Blvd.

☐ Authorized Park Ridge, IL 60068

Person

☐ Other ☐ Other

☒ Manager Name: Jeffery L. Mowery

☐ Member Address: 1306 Vineyard Lane

☐ Authorized Libertyville, IL 60048

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: Michael Deering

☐ Member Address: 417 W. Lincoln Ave.

☐ Authorized Libertyville, IL 60048

Person

☐ Other ☐ Other

☒ Manager Name: Michael Kidd

☐ Member Address: 27 Robin Crest Road

☐ Authorized Hawthorn Woods, IL 60047

Person

☐ Other ☐ Other

☒ Manager Name: Jonathan R. Sniegowski

☐ Member Address: 12 Princeton Court

☐ Authorized Hawthorn Woods, IL 60047

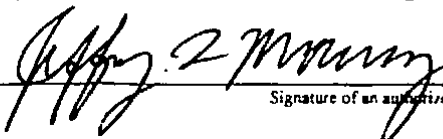
Person

☐ 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)

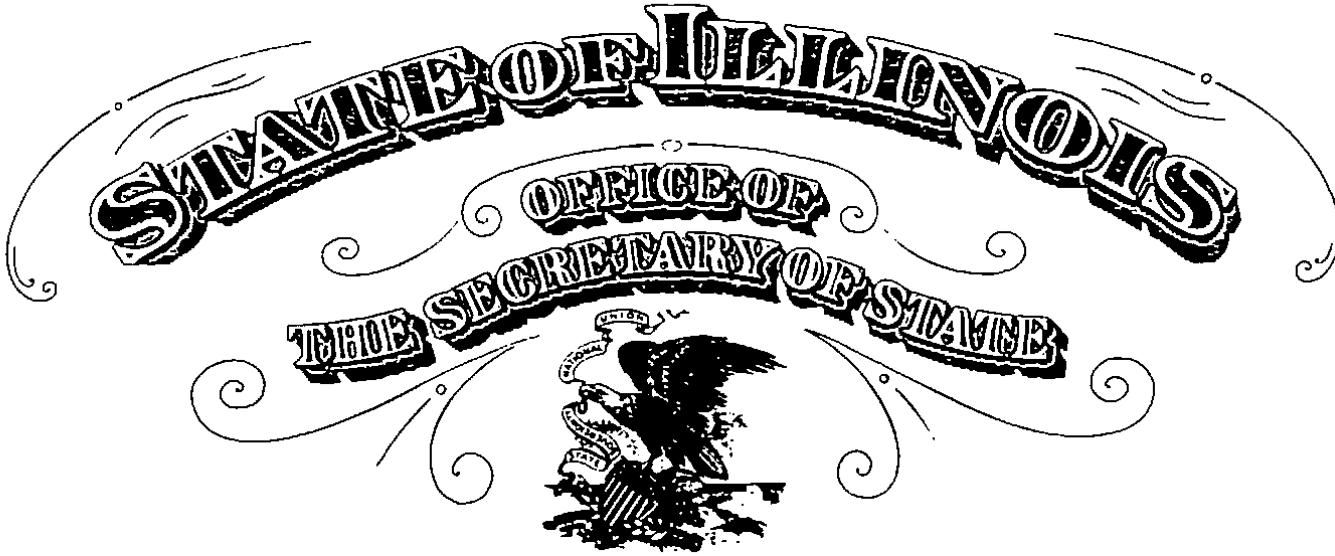
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Jeffery L. Mowery

Typed or printed name of signer



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

MOWERY & SCHOENFELD, L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 07, 1996, 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 28TH
day of OCTOBER A.D. 2020 .

Jesse White

SECRETARY OF STATE