

10/30/2020

Division of Corporations

**M 2000003779763**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : SAUL, EWING, ARNSTEIN & LEHR, LLP  
Account Number : 120060000021  
Phone : (561)833-9800  
Fax Number : (561)655-5551

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**Foreign Limited Liability Company  
BLUESTEIN & ASSOCIATES, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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# 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. BLUESTEIN &amp; ASSOCIATES, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. ILLINOIS

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

27-4321630

3.

(FBI number, if applicable)

4. UPON REGISTRATION

5.

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

350 N. LASALLE STREET

(Street Address of Principal Office)

350 N. LASALLE STREET

6.

(Mailing Address)

SUITE 1050

SUITE 1050

CHICAGO, ILLINOIS 60654

CHICAGO, ILLINOIS 60654

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

Name:

CHARLES D. BRECKER, ESQ.

Office Address:

701 BRICKELL AVENUE, 17TH FLOOR,

C/O SAUL EWING ARNSTEIN &amp; LEHR LLP

MIAMI

33131

(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.

(Registered agent's signature)

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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>ABRAM I. BLUESTEIN</u>         | <input type="checkbox"/> Manager               | Name: <u>ANDREW BLUESTEIN</u>         |
| <input type="checkbox"/> Member             | Address: <u>2598 EAST SUNRISE BLVD.</u> | <input type="checkbox"/> Member                | Address: <u>350 N. LASALLE STREET</u> |
| <input type="checkbox"/> Authorized         | <u>CORAL RIDGE, SUITE 2104</u>          | <input checked="" type="checkbox"/> Authorized | <u>SUITE 1050</u>                     |
| Person                                      | <u>FT. LAUDERDALE, FL 33304</u>         | Person   | <u>CHICAGO, IL 60654</u>              |
| <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         | _____                                   | <input type="checkbox"/> Authorized            | _____                                 |
| Person                                      | _____                                   | 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         | _____                                   | <input type="checkbox"/> Authorized            | _____                                 |
| Person                                      | _____                                   | 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.

DocuSigned by:  
*Abram Bluestein*

Signature of an authorized person

ABRAM I. BLUESTEIN

Typed or printed name of signer

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File Number

0277081-4



**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

BLUESTEIN & ASSOCIATES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 25, 2009, 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

Authentication #: 2030200898 verifiable until 10/28/2021

Authenticate at: <http://www.cyberdr.veillinois.com>

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