

M20000010631

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TALLAHASSEE, FLORIDA

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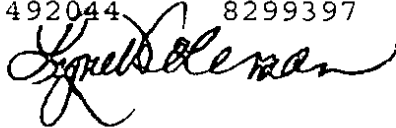
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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

NOV 20 2020

K. Brumbley

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

ACCOUNT NO. : I20000000195  
REFERENCE : 492044 8299397  
AUTHORIZATION :   
COST LIMIT : \$ 125.00

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ORDER DATE : October 29, 2020  
ORDER TIME : 12:47 PM  
ORDER NO. : 492044-030  
CUSTOMER NO: 8299397

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FOREIGN FILINGS

NAME: 1052 PARTNERS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT# 61594

EXAMINER: \_\_\_\_\_

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. 1052 Partners, 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  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-2633077  
(FEI number, if applicable)

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

5. 5600 N River Rd, Ste 800  
(Street Address of Principal Office)

6. PO Box 2516  
(Mailing Address)

Rosemont, IL 60018  
Crystal Lake, IL 60039-2516

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee  
(City)

Florida 32301  
(Zip code)

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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.

Corporation Service Company

By:

Michele L. Abbott

(Registered agent's signature)

Michele L. Abbott, Asst. Vice President

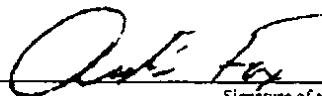
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                   | <u>Name and Address:</u>              | <u>Title or Capacity:</u>                  | <u>Name and Address:</u>             |
|---|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager            | Name: <u>Bryan J Hooker</u>           | <input type="checkbox"/> Manager           | Name: <u>RLJ Holdings LLC</u>        |
| <input checked="" type="checkbox"/> Member  | Address: <u>570 Bittersweet Trail</u> | <input checked="" type="checkbox"/> Member | Address: <u>1139 Maple Ave</u>       |
| <input type="checkbox"/> Authorized         | <u>Crystal Lake, IL 60014</u>         | <input type="checkbox"/> Authorized        | <u>Evanston, IL 60202</u>            |
| Person                                      | _____                                 | Person                                     | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____ |
| <input checked="" type="checkbox"/> Manager | Name: <u>Labor Twenty-Four LLC</u>    | <input type="checkbox"/> Manager           | Name: _____                          |
| <input type="checkbox"/> Member             | Address: <u>34192 Horseshoe Lane</u>  | <input type="checkbox"/> Member            | Address: _____                       |
| <input type="checkbox"/> Authorized         | <u>Gurnee, IL 60031</u>               | <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)

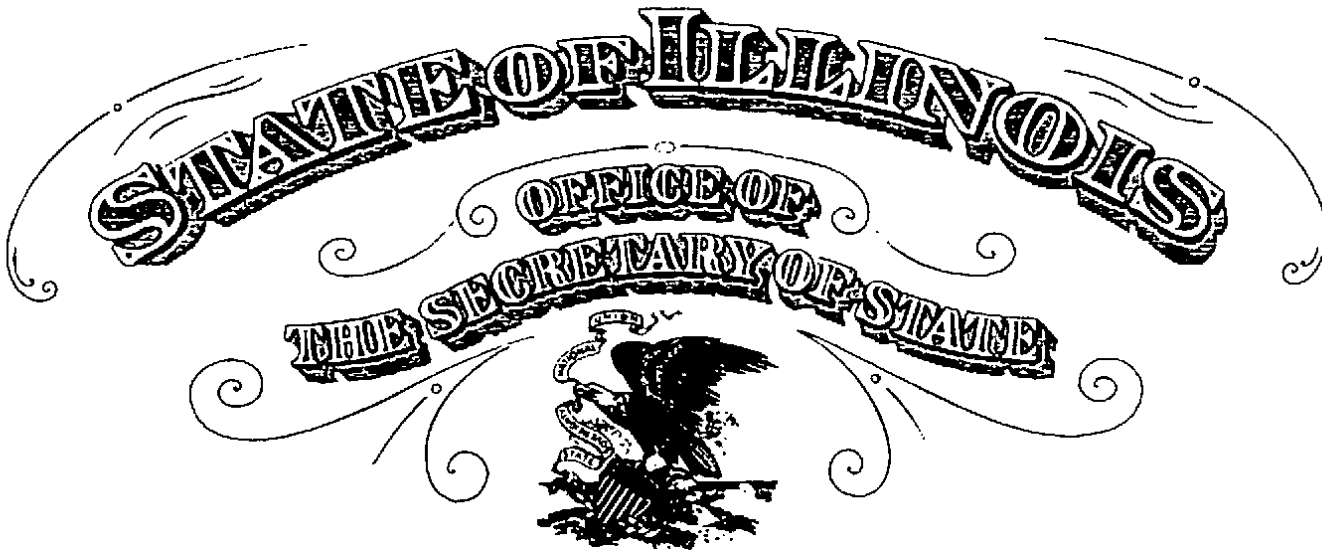
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Signature of an authorized person

Austin Fox

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*

1052 PARTNERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MARCH 22, 2016, 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 NOVEMBER A.D. 2020 .***

*Jesse White*

SECRETARY OF STATE