

WA21000001048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

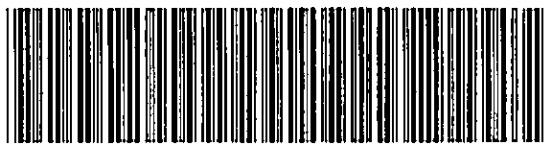
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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1/27/21

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. PRO FT 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. 83-1711943
(FEI number, if applicable)

4. 12/31/2020
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 653 N KINGSBURY ST
(Street Address of Principal Office)

6. 653 N KINGSBURY ST
(Mailing Address)

APT 2401

APT 2401

CHICAGO IL 60654

CHICAGO IL 60654

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

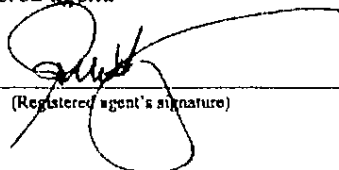
Name: Linda Ruth Bandel

Office Address: 3701 N Country Club Dr. Apt 107

Aventura, Florida 33180
(City) (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]:

Title or Capacity: Name and Address:

Manager Name: STEFANIE COHEN

Member Address: 3648 LOQUAT AVE

Authorized MIAMI FL 33133

Person

Other Other

Manager Name: _____

Member Address: _____

Authorized _____

Person

Other Other

Manager Name: _____

Member Address: _____

Authorized _____

Person

Other Other

Title or Capacity: Name and Address:

Manager Name: RINA MAGARICI

Member Address: 653 N KINGSBURY St

Authorized APT 2401

Person CHICAGO IL 60654

Other Other

Manager Name: _____

Member Address: _____

Authorized _____

Person

Other Other

Manager Name: _____

Member Address: _____

Authorized _____


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

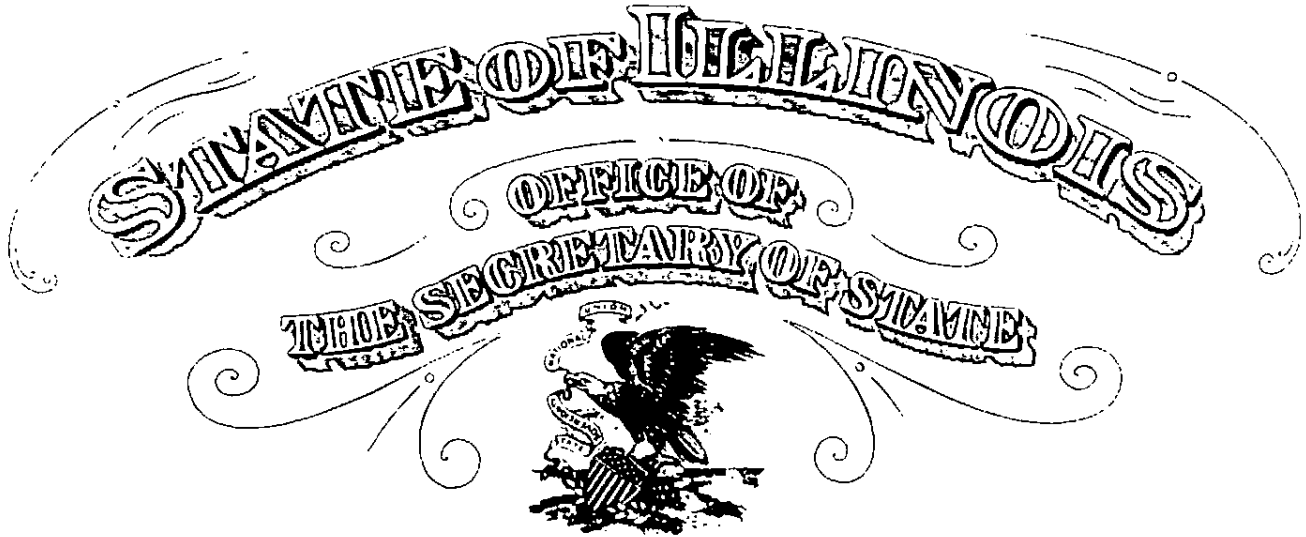
RINA MAGARICI

 Typed or printed name of signer

2021.11.22 11:59 AM

File Number

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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

PRO PT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 21, 2018, 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 12TH day of JANUARY A.D. 2021 .

Jesse White

SECRETARY OF STATE