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COVER LETTER

TO:

Name of Limited Liability Company the enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificistence, and check are submitted to register the above referenced foreign limited liability company to transact business in lease return all correspondence concerning this matter to the following: MARY GERST	TGM HOLDINGS LLC	٤	
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MARY GERST Name of Person TGM HOLDINGS LLC Firm/Company 15537 INNSBROOK DR Address ORLAND PARK IL 60462 City/State and Zip Code M.GERST@COMCAST.NET E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: THERESE L. O'BRIEN ESQ Name of Contact Person Area Code Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Enclosed is a check for the following amount:	istence, and check are submitted to register the ab	ove referenced foreign limited liability company to transact business in Fl	
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Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount:		•	
Tallahassee, FL 32303 Enclosed is a check for the following amount:			
	Tallahassee, FL 32314		
Please make check payable to: FLORIDA DEPARTMENT OF STATE			



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2021

MARY GERST 15537 INNSBROOK DR ORLAND PARK, IL 60462

SUBJECT: TGM HOLDINGS LLC Ref. Number: W21000019072

We have received your document for TGM HOLDINGS LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s).

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C." or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "L.C." The abbreviations "Ltd." and "Co.", also are no longer acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051:

Tracy L Lemieux Regulatory Specialist II

Letter Number: 221A00003227

RECEIVED

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05/0902) FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LABILITY COMPANY TO TRANSACT BUNINESS IN THE STATE OF FLORIDA: TGM HOLDINGS ELC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.I. C.," or "LLC.") 16M TOWINGS FLA CLC

(If none unavailable, enter alternate name adopted for his purpose of stansacting business in Florida. The alternate name must include "Limited Liability Company," (E. F. C. For et al.).) (I El number, if applicable) JANUARY 15, 2021 (Date first transacted business in Florida, if prior to registration.) (See sections 605,0004 & 605,0005, F.S. to determine penalty liability) 15537 S. Innsbrook Dr., Orland Park IL 60462 15537 S. Innsbrook Dr., Orland Park IL 60462 (Street Address of Principal Office) 7 Name and street address of Florida registered agent. (P.O. Box NOT acceptable) Name 1420 CELEBRATION BLVD SUITE #

CELEBRATION Florida FL (Vipcode) 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 capace 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.

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:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name:	■Manager	Name: David A. Gerst
□Member	Address:15537 Innsbrook Dr.		Address: 15537 Innsbrook Dr.
■ Authorized	Orland Park IL 60462	Authorized	Orland Park IL 60462
Person		Person	
Other	Other	□Other	Other
□Manager	Name:	□Manageт	Name:
□Member	Address:	□Member	Address:
□Authorized		_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Person		Person	
Other	□Other	Other	Other
□Manager	Name:	_	Name:
□Member	Address:	□Member	Address:
□Authorized		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Person		Person	
□Other	Other	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

Mary Gerst / David A. Gerst

Typed or printed pame of sign



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

TGM HOLDINGS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 14, 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 13TH day of JANUARY A.D. 2021.

Authentication #: 2101300620 verifiable until 01/13/2022
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE