M2100004742

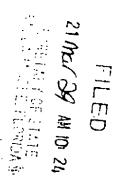
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200362426082

03/29/21--01045--012 **180.00



CO	VER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: Linton Construction	Limited Liability Company
,	pany for Authorization to Transact Business in Florida," Certificate of enced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to the	following:
Deborah Lint	ome of Person
Linton Construct	rm/Company
805 E. La Salle	S7. Address
Somonauk IL	4 OSS Z tate and Zip Code
Linton Construction a E-mail address: (to be used	Outlook - Com I for future annual report notification)
For further information concerning this matter, please call:	
Chad Linton Name of Contact Person	at (239) 218 - 9819 Area Code Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	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

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

	TBUSINESS INTHE STATE OF FLORIDA:			
1. Linton C (Name of For	onstruction L.C.	imited Liability Company," "L.1_C" or "L	LC.")	
Linton Co	oncrete Constru	ction L.L.C.		
(If name unavariable, enter after	rnate name adopted for the purpose of transacting business	s in Florida. The alternate name must include "Lin	mited Liability Company," "L.L.C.," or "LLC	`.")
2. State of (Jurisdiction under the law	Illinois of which foreign limited liability company is organized)	3. <u>84 - 32534</u>	104 El number, (Capplicable)	
			.,	
4	(Date first transacted business in Florida, if pr (See sections 605,0904 & 605,0905, F.S. to d	ior to registration.) etermine penalty liability)		
5. 805 E (Street Address of Principal Off	LaSalle St.	6. <u>805 E. Le</u>	aSalle St.	
Somono	auk, IL	Somonac	IK IL	
	60552		6,0552	
7. Name and street ad	ldress of Florida registered agent: (P.O.	Box NOT acceptable)	1 Ma P	
Name:	Jack Linton			
Office Addre	ss: 24784 Lake mont Co	oue Unit102	© 24 0.41E 0.410A.5	•
	Bonita Springs	, Florida <u>34/</u>	/34_	
Registered agent's ac	cceptance: is registered agent and to accept service	of process for the shows related limited	wide of the billion and also and also	J
designated in this app to comply with the pro	olication, I hereby accept the appointme ovisions of all statutes relative to the pro- tions of my position as registered agent.	nt as registered agent and agree to oper and complete performance of	o act in this capacity. I further	agree
	Both lite	ent's signature)		
	/ registered ag	CIN 3 SEITHING!		

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: Name: Chad Linton Name: Deborah Linton Manager Manager Address: 805 E. La Salle St. Address: 805 E. Lasalle St. ☐ Member □Member Somonauk IL 60552 Somonguk IL 60552 ☐ Authorized ☐ Authorized Person Person □Other_____ □Other_____ □Other Other____ □ Manager Name: □Manager □Member Address: _____ □Member Address: □ Authorized □ Authorized Person Person □Other____ □Other____ Other □Other____ □ Manager □Manager Name: _____ □Member Address: ____ ☐ Member Address: □ Authorized □ 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. Nonindexed 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.



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

LINTON CONSTRUCTION L.L.C., HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 03, 2019, 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 11TH day of MARCH A.D. 2021.

Authentication #: 2107001576 verifiable until 03/11/2022
Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE