

M21000005409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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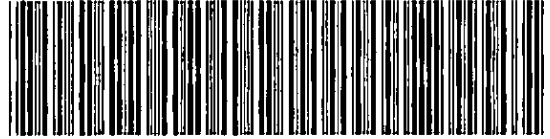
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HUNDMAN FAMILY II, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS M. HUNDMAN

Name of Person

HUNDMAN FAMILY II, LLC

Firm/Company

2203 E. EMPIRE ST., STE. D

Address

BLOOMINGTON, IL 61704

City/State and Zip Code

Tom@ftcil.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

THOMAS M. HUNDMAN

Name of Contact Person

at (309)

Area Code

533-0633

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
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**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

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. HUNDMAN FAMILY II, 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. 37-1286896

(FEI number, if applicable)

4. _____

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

5. 2203 E. EMPIRE ST., STE. D

(Street Address of Principal Office)

6. 2203 E. EMPIRE ST., STE. D

(Mailing Address)

BLOOMINGTON, IL 61704

BLOOMINGTON, IL 61704

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

Name: MARK T. VUONO

Office Address: 5633 LONG SHORE LOOP

SARASOTA

(City)

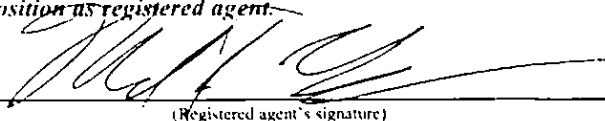
, Florida 34238

(Zip code)

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TALLAHASSEE, FL

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)

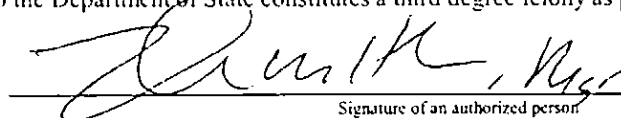
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>THOMAS M. HUNDMAN</u>	<input type="checkbox"/> Manager	Name: <u>THOMAS M. HUNDMAN, AS</u> <i>trustee of the Thomas M. Hundman Revocable Living Trust dated 6/7/17</i>
<input type="checkbox"/> Member	Address: <u>2 PENDLETON WAY</u>	<input checked="" type="checkbox"/> Member	Address: <u>2 PENDLETON WAY</u>
<input type="checkbox"/> Authorized	<u>BLOOMINGTON, IL 61704</u>	<input type="checkbox"/> Authorized	<u>BLOOMINGTON, IL 61704</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>WILLIAM AND SUSAN LONG</u>	<input type="checkbox"/> Manager	Name: <u>PATRICIA SCHEETS</u>
<input checked="" type="checkbox"/> Member	Address: <u>205 ORLEANS DR.</u>	<input checked="" type="checkbox"/> Member	Address: <u>310 GRANADA RD.</u>
<input type="checkbox"/> Authorized	<u>BLOOMINGTON, IL 61704</u>	<input type="checkbox"/> Authorized	<u>BLOOMINGTON, IL 61701</u>
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.



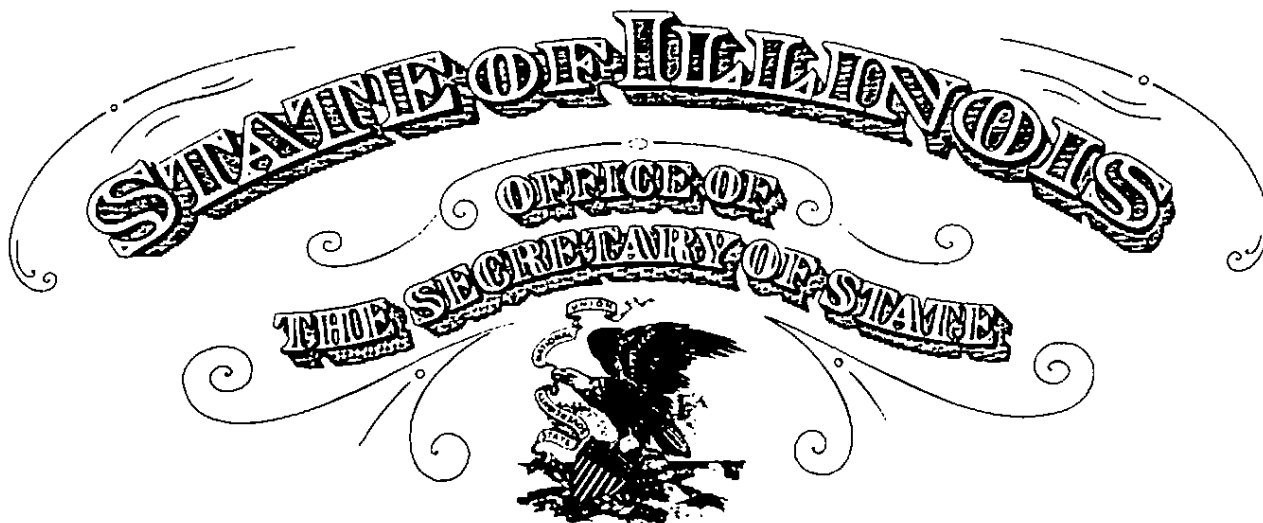
Signature of an authorized person

Thomas M. Hundman, Manager

Typed or printed name of signee

File Number

0649228-2



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

HUNDMAN FAMILY II, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 24, 2017, 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 29TH
day of MARCH A.D. 2021 .***

Jesse White

SECRETARY OF STATE