Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002085573)))



H210002085573ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Page: 2 of 6

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## Foreign Limited Liability Company PREMIUM HOME SYSTEMS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

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Help



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### COVER LETTER

JBJECT:	PREMIUM HOME SYSTEMS, LLC						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Company						
e enclosed istence, an	"Application by Foreign Limited Liability C d check are submitted to register the above r	Company for Authori eferenced foreign lin	zation to Transact Business in Florida," nited liability company to transact busin	Certificate on the Certificate of Ce			
asc return	all correspondence concerning this matter to	the following:					
	Cheyenne Moseley						
		Name of Person		•			
	Legalzoom.com, Inc.						
	<del></del>	Firm/Company	•	•			
	101 N Brand Blvd 11th Fl						
	Address						
	Glendale, CA 91203						
	C	ity/State and Zip Co	de	-			
	todschneller@ieloud.com						
	E-mail address: (to be	used for future annu	ual report notification)	,			
r funher ir	nformation concerning this matter, please cal	1:					
Cheyenne Moseley		800 at (	773-0888	•			
	Name of Contact Person	Arca Co	de Daytime Telephone Number	•			
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enc	closed is a check for the following amount:	A DUMBERT OF ST	ATE				
Plea	ase make check payable to: FLORIDA DEP \$125,00 Filing Fee S130,00 Filing I		00 Filing Fee & S160.00 Filing				

#### 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: DISCRETE A LICE AND CONTRACT OF THE

(Name of Foreign	Limited Liability Company, must include "Limite	d Liability	Company," "L.L.C.," or "LT.C.")		
		_			
name unavailable, enter alternate na	une adopted for the purpose of transacting business in Flo	nida. The al	ternate name must include "Limited Liability Company," "Li	IC," or "I.I.C	
Illinois		3.	81-3320088		
(Jurisdiction under the law of wh	ich foreign limited liability company is organized)	.ر	(FEI number, if applicable)		
	(Date this transarted basiness in Florish, if prior in (See sections 605 0904 & 605 0905, F.S. to determ	registration	)		
	(See sections 605 0904 & 605 0905, F.S. to determ	ine penalty			
720 South Dearborn, Unit 1104		6.	720 South Dearborn, Unit 1104		
(Street Address of F	runcipal Office)	6. (Mailing Address)			
Chicago, IL 60605			Chicago, IL 60605		
	<del>_</del>			~;	
Name and street address	s of Florida registered agent: (P.O. Box	C NOT a	ecceptable)	•	
	m + 4 O 1 11				
Name:	Tod A. Schneller	<u></u>			
	2829 NE 30th Street apt 308			~	
Office Address:		<del></del>	<del></del>		
	Fort Lauderdale		33306 , Florida		
	(Cn)		(Zer 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.

> Tod A. Schneller (Registered agent's signature)

From: Laura Rodriguez

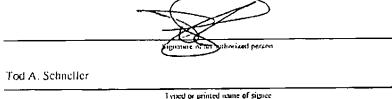
2021-05-25 07:10:55 PDT

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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity:

Manager	Name:	Manager	Name:
Member	Address: 2829 NE 30th St Apt 308	Meinber	Address:
□Authorized	Fort Lauderdale, Florida 33306	☐ Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	☐ Manager	Name:
Member	Address:	☐ Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
	Name:	☐ 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 3.817.155, F.S.



Typed or printed name of signed

## File Number

0590231-2



# 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

PREMIUM HOME SYSTEMS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 20, 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 25TH day of MAY A.D. 2021.

Authentication #: 2114501052 verifiable until 05/25/2022 Authenticate at: http://www.cyberdriveillinois.com

SECRETARY OF STATE