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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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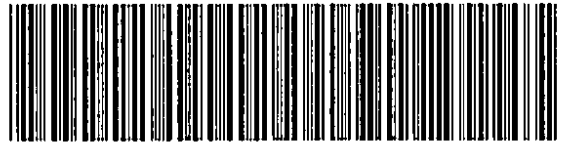
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

SP



The Law Office Of
Vito P. LoVerde

6318 Kingsbridge Drive, Cary, Illinois 60013
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Vito P. LoVerde
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Susan M. Narimatsu
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SMN@LoVerdeLaw.com

Sent via U.S. Mail

April 30, 2021

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

*Re: Finley Road Partners, LLC, an Illinois Company
Application for Authority*

Dear Sir or Madam:

Enclosed for filing with your office, in duplicate, is an Application for Authority for the above-named Illinois Company as well as the Cover Letter, and a current Certificate of Good Standing issued from the Illinois Secretary of State.

Our firm's check in the amount of One Hundred Twenty-Five Dollars and No Cents (\$125.00) is attached hereto.

Once the documents have been accepted and filed, please return the file-stamped duplicate copy to me in the prepaid self-addressed envelope enclosed.

If any additional information or documentation is required, I would appreciate if you would contact me directly.

Very truly yours,

Vito P. LoVerde

Enclosures

VPL/amy

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Finley Road Partners, 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:

Vito P. LoVerde

Name of Person

The Law Office of Vito P. LoVerde

Firm/Company

6318 Kingsbridge Drive

Address

Cary, Illinois 60013

City/State and Zip Code

VPL@LoVerdeLaw.com

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

For further information concerning this matter, please call:

Vito P. LoVerde

847

639-9600

at (_____) _____

Name of Contact Person

Area Code

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 065.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Finley Road Partners, 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 3. 84-2671176
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. Date of Registration
(Date first transacted business in Florida, if prior to registration)
(See sections 065.0904 & 605.0905, F.S. to determine penalty liability)

5. 2050 Finley Road 6. 6318 Kingsbridge Drive
(Street Address of Principal Office) (Mailing Address)

Suite 80 Cary, Illinois 60013

Lombard, Illinois 60148

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


Name: CT Corporation

Office Address: 1200 S. Pine Island Road, Suite 250

Plantation 33324
_____, Florida _____
(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.

 David Westcott
Assistant Secretary
(Registered agent's signature)

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SECRETARY OF STATE
TALLAHASSEE, FL

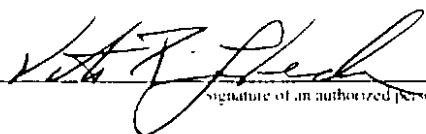
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Susan M. Carzoli		<input type="checkbox"/> Manager	Name:	Vito P. LoVerde	
<input checked="" type="checkbox"/> Member	Address:	2050 Finley Road		<input type="checkbox"/> Member	Address:	6318 Kingsbridge Drive	
<input type="checkbox"/> Authorized		Suite 80		<input checked="" type="checkbox"/> Authorized		Cary, Illinois 60013	
Person		Lombard, Illinois 60148		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	
<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.

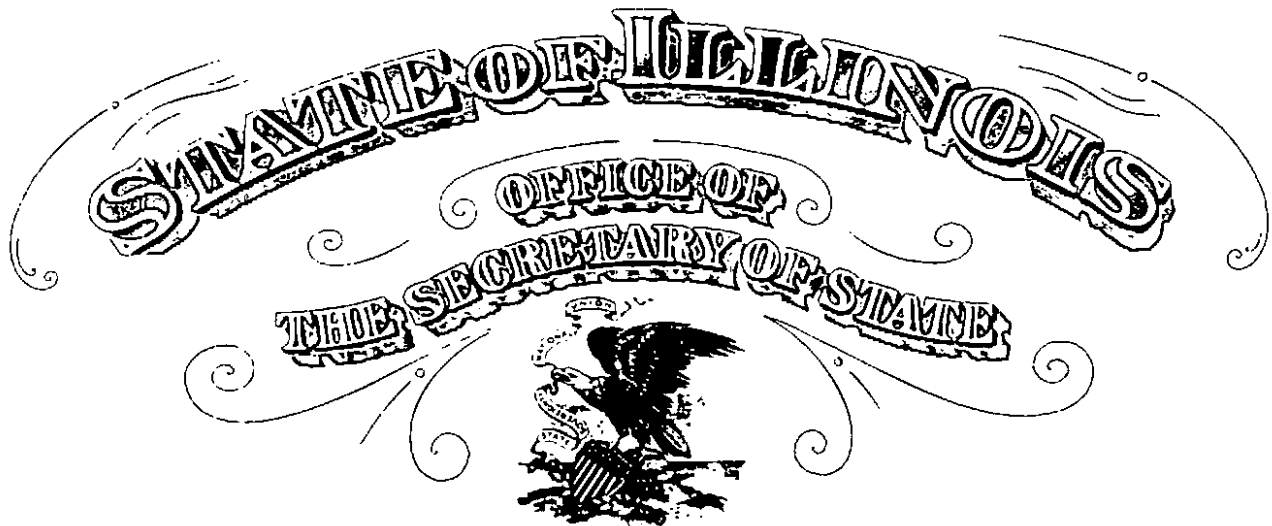


signature of an authorized person
Vito P. LoVerde

typed or printed name of signee

File Number

0777265-3



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

FINLEY ROAD PARTNERS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 26, 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 30TH
day of APRIL A.D. 2021 .***

Jesse White

SECRETARY OF STATE