

M21000009118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

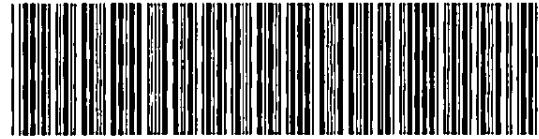
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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JUL 19 2021

M. SOLOMON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Madison Street Capital 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:

Charles Botchway

Name of Person

Madison Street Capital LLC

Firm/Company

105 W Madison Ste 1200

Address

Chicago, IL 60602

City/State and Zip Code

cbotchway@madisonstreetcapital.com

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

For further information concerning this matter, please call:

Gary Grottko

630

254-6909

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 605.06(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Madison Street Capital 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. Nevada 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (F.L.L. number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0903 & 605.0905, F.S. to determine penalty liability)

5. <u>Madison Street Capital, Attn: Anthony Marsala</u> (Street Address of Principal Office)	6. <u>Madison Street Capital, Attn: Anthony Marsala</u> (Mailing Address)
<u>5028 Sandy Shore Ave</u>	<u>5028 Sandy Shore Ave</u>
<u>Sarasota, FL 34242</u>	<u>Sarasota, FL 34242</u>

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

Name: Anthony Marsala
Office Address: 5028 Sandy Shore Ave
Sarasota 34242
_____, 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.

[Signature]
(Registered agent's signature)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

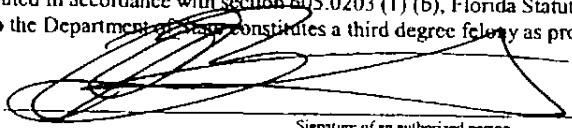
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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:	Charles Botchway		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	105 W Madison Ave		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Ste 1200		<input type="checkbox"/> Authorized			
Person		Chicago, IL 60602		Person			
<input type="checkbox"/> Other			<input type="checkbox"/> Other			<input type="checkbox"/> Other	
<input checked="" type="checkbox"/> Manager	Name:	Anthony Marsala		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	5028 Sandy Shore Ave		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Sarasota, FL 34242		<input type="checkbox"/> Authorized			
Person				Person			
<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	

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

Charles Botchway

 Typed or printed name of signer

2021 JUL 16 PM 4:34
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 AND BUSINESSES

FILED

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MADISON STREET CAPITAL, LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 11/09/2010, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/18/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202106181765812

You may verify this certificate
online at <http://www.nvsos.gov>



July 12, 2021

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Attn: Mel Solomon
Senior Section Administrator

RE: Rejected Filing for Madison Street Capital LLC
Document # W21000095496

Dear Mr. Solomon:

I have attached the signed Registered Agent form that was missing from the originally filed Application to register Madison Street Capital LLC as a foreign LLC in Florida.

The rejection letter we received was #921A00015260.

I have also attached the entire application.

Thanks for your assistance.

Very truly Yours,

Gary Grottke, CPA
CEO

RECEIVED
JUL 16 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 2, 2021

CHARLES BOTCHWAY
MADISON STREET CAPITAL, LLC
106 W MADISON STE 1200
CHICAGO, IL 60602

SUBJECT: MADISON STREET CAPITAL, LLC
Ref. Number: W21000095496

We have received your document for MADISON STREET CAPITAL, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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

Mel Solomon
Senior Section Administrator

Letter Number: 921A00015260