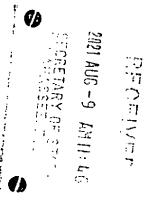
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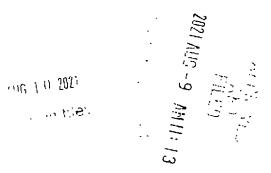
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGŁOBAL.COM

Account#: I20000000088

Date:	08/09/2021	
	Jennifer Bialowas	<u> </u>
Reference	#:1449252	
	e:SUND	IAL O405, LLC
	cles of Incorporation/Authorization	
☐ Ame	endment	
☐ Cha	nge of Agent	
☐ Reir	nstatement	
☐ Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	tious Name	
✓ Othe	erUpon Filing ¡	please provide a certified copy
Authorized	Amount: 155.00	
Signature:		

COVER LETTER

•

TO: Registration Section

k are submitted to register the above respondence concerning this matter t	Company for Authorization to Transact Business in Florida." Certifulation referenced foreign limited liability company to transact business in the following:	
_	o the following:	
nnette Huschitt-Purcell		
	Name of Person	
undial O405, LLC		
	Firm/Company	
45 Weatherstone Rd.		
	Address	
arrington. IL 60010		
C	City/State and Zip Code	
nette@imperialwoodworking.com		
E-mail address: (to be	e used for future annual report notification)	
ion concerning this matter, please ca	II:	
llson	312 861-6585 at ()	
Name of Contact Person	Area Code Daytime Telephone Number	
on Section	Street Address: Registration Section	
	Division of Corporations The Centre of Tallahassee	
see. FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	nette@imperialwoodworking.com E-mail address: (to be tion concerning this matter, please ca llson	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IN SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

L. Sundial O405, LLC					
(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company	V," "L.L.C.," or "LEC.")		
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	onda. The alternate na	me must include "Limited Liabili	ty Company," "L.L.C," or "L1 C."	
Delaware 2.	85-401 3.	3. (FEI number, if applicable)			
2. (Jurisdiction under the law of w	- · · <u></u>				
4			_		
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	egistration) ne penalty liability)			
245 Weatherstone Rd.	245 We	6. (Mailing Address)			
Street Address of Principal Office)		(Ma	iling Address)		
Barrington, IL 60010		Barring	ton, IL 60010		
-					
				202	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptab	le)	2021 AUG	
Name:	Cogency Global Inc.			6-9	
Office Address:	115 North Calhoun Street, Suite 4				
	Tallahassee	,	32301 Florida	<u>.</u>	
	(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.

Caba Assistant Sciretary.

(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]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
■Manager	Name: Annette Huschitt-Purcell	□Manager	Name:
□Member	Address: 245 Weatherstone Rd.	□Member	Address:
□Authorized	Barrington, IL 60010	□Authorized	
Person		Person	
□Other	Other	□Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	Other	□Other	Other
□Manager	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. 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.

Annette Huschitt-Purcell

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SUNDIAL 0405, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SIXTH DAY OF AUGUST, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID "SUNDIAL 0405, LLC" IS A SERIES LIMITED LIABILITY COMPANY.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SUNDIAL 0405, LLC" WAS FORMED ON THE TWENTY-THIRD DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

and sort delayare gov/aut

Authentication: 203864742

Date: 08-06-21

4221308 8300E SR# 20212914251