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(Business Entity Name)					
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SPECIA NSTRU	L UCTIONS:					

COVER LETTER

TO:

TO:	Registration Section Division of Corporations						
SUBJE	ISLAND LADY RENTALS, LLC - SER	IES 7707 GULFSTREAM					
Name of Limited Liability Company							
		y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida.					
Please r	eturn all correspondence concerning this matter	to the following:					
	ANDREW ROHNE						
	Name of Person						
	THE CENTER FOR FINANCIAL LEGAL AND TAX PLANNING						
		Firm/Company					
	4501 W DEYOUNG ST STE 200						
Address							
	MARION IL 62959						
		City/State and Zip Code					
	ANDREW@TAXPLANNING.COM						
	E-mail address: (to	be used for future annual report notification)					
For furt	her information concerning this matter, please o	ali:					
	ANDREW ROHNE	618 997-3436 at ()					
•	Name of Contact Person	Area Code Daytime Telephone Number					
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section					
		Division of Corporations					
		The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$\Begin{array}{c} \Begin{array}{c} \Be						
	Certificate						

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 RECISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. ISLAND LADY RENTALS, LLC - SERIES 7707 GULFSTREAM (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") ISLAND LADY RENTALS SERIES 7707 GULFSTREAM, 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") ILLINOIS (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 505.0904 & 605.0905, F.S. to determine penalty liability) 4501 W DEYOUNG ST 4501 W DEYOUNG ST (Street Address of Principal Office) (Mailing Address) **STE 200 STE 200 MARION IL 62959** MARION IL 62959 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) ROMAN A BASI Name: 276 BAYSIDE DR Office Address: **CLEARWATER**

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]:

Title or Capacity:	Name and Address:	Title or Capacity	<u>:</u>	Name and Address:
□Manager	Name: GREGG CHAPMAN	□Manager	Name:	
□Member	Address: 4501 W DEYOUNG ST			
■ Authorized	STE 200			
Person	MARION, IL 62959	n		
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	<u> </u>	
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.

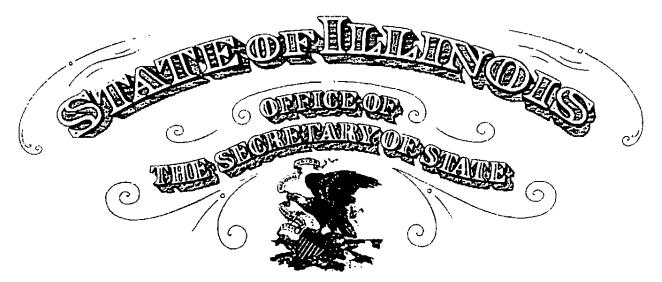
- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must 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.

Signature of an authorized person

ISLAND LADY RENTALS, LLC BY GREGG CHAPMAN, MEMBER

File Number

0982010-8



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

ISLAND LADY RENTALS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 02, 2021, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF ISLAND LADY RENTALS, LLC - SERIES 7707 GULFSTREAM ON AUGUST 13, 2021, 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 17TH

day of AUGUST A.D. 2021

Authentication #: 2122902088 verifiable until 08/17/2022

Authenticate at: http://www.ilsos.gov

Desse White

SECRETARY OF STATE