

1121000013382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

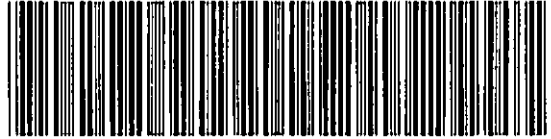
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/01/21--01019--007 **125.00

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2021 OCT -1 PM 3:38
CLERK OF STATE
TALLAHASSEE, FL

[Handwritten signature]

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

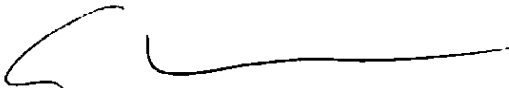
TO WHOM IT MAY CONCERN,

My name is Ankur Patel and I am the President of R&D Advisory Group LLC, an Illinois Limited Liability Company. I am a Licensed Real Estate Managing Broker in Illinois whom has just recently been granted a Brokers License in Florida. I am looking to register my Illinois LLC as a Foreign Corporation in Florida. I mistakenly registered a new LLC on Sunbiz.org on Sept 21st 2021, which I have subsequently dissolved on September 23rd 2021. Per my conversation with a representative in your office I was instructed that I would need to file the paper form to register a Foreign Corporation and send it in via mail. I was asked to include a letter explaining my intention to release the name R&D Advisory Group LLC as I created the Florida LLC in error. Upon releasing the name R&D Advisory Group LLC, I would like use the name to register my foreign corporation.

Thank you for your assistance with this matter.

Sincerely

Ankur Patel, CCIM



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: R&D Advisory Group 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:

Ankur Patel

Name of Person

R&D Advisory Group LLC

Firm/Company

4540 Greywood Dr

Address

St Charles, IL 60175

City/State and Zip Code

apatel@rdadvisorygrp.com ✓

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

For further information concerning this matter, please call:

Ankur Patel

630

492-0043

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 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. R&D Advisory Group 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. 82-2473038
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>R&D Advisory Group LLC</u> (Street Address of Principal Office)	6. <u>R&D Advisory Group LLC</u> (Mailing Address)
<u>4540 Greywood Dr</u>	<u>4540 Greywood Dr</u>
<u>St Charles, IL 60175</u>	<u>St Charles, IL 60175</u>

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

Name: Ankur Patel


Office Address: 1738 Scarlett Ave

North Port, Florida 34289
(City) (Zip code)

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TALLAHASSEE, FL

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)

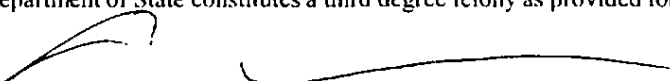
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: Ankur Patel	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 4540 Greywood Dr	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	St Charles, IL 60175	<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 _____
<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.



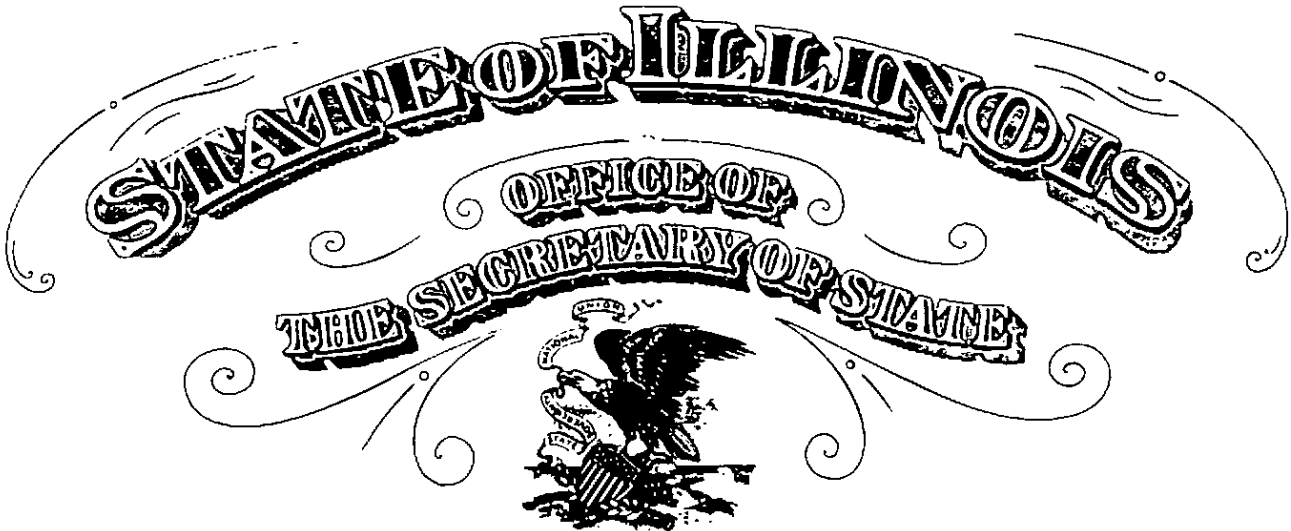
Signature of an authorized person

Ankur Patel

Typed or printed name of signer

File Number

0632886-5



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

R&D ADVISORY GROUP LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JUNE 14, 2017, 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 23RD
day of SEPTEMBER A.D. 2021 .

Jesse White

SECRETARY OF STATE