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(Requestor's Name)

(Address)

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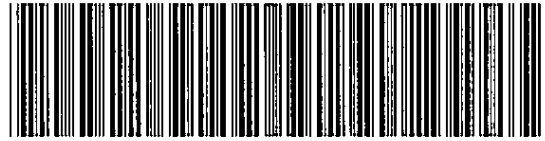
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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Special Instructions to Filing Officer:

emailed cert  
10/15/21

W21000013553

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Office Use Only

SBF  
10/15/21

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DTS PROPERTIES III 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:

DANIEL SHOFFET

\_\_\_\_\_  
Name of Person

SHOFFET LAW GROUP, LLC

\_\_\_\_\_  
Firm/Company

1111 NORTH PLAZA DRIVE, SUITE 200

\_\_\_\_\_  
Address

SCHAUMBURG, ILLINOIS 60173

\_\_\_\_\_  
City/State and Zip Code

DANIEL@SHOFFETLAWGROUP.COM

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

For further information concerning this matter, please call:

DANIEL SHOFFET

708

287-1200

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

2021 OCT 15 PM 6:30

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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. DTS PROPERTIES III 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 (Jurisdiction under the law of which foreign limited liability company is organized)
3. (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. 111 NORTH PLAZA DRIVE, SUITE 200, SCHAUMBURG, IL 60173 (Street Address of Principal Office)
6. 111 NORTH PLAZA DRIVE, SUITE 200, SCHAUMBURG, IL 60173 (Mailing Address)

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

Name: RON SHOFFET
Office Address: 2333 NE 28TH COURT, LIGHTHOUSE POINT, Florida 33064
(City) (Zip code)

2021 OCT 15 PM 6:30

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:**  Manager  
**Name and Address:** Name: DTS PROPERTIES MANAGEMI  
 Address: 1111 NORTH PLAZA DRIVE  
Suite 200  
SCHAUMBURG, IL 60173  
 Other \_\_\_\_\_  Other \_\_\_\_\_

**Title or Capacity:**  Manager  
**Name and Address:** Name: DANIEL SHOFFET  
 Address: 1111 NORTH PLAZA DRIVE  
Suite 200  
SCHAUMBURG, IL 60173  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

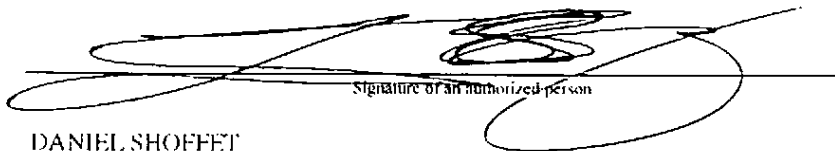
Manager Name: \_\_\_\_\_  
 Member Address: \_\_\_\_\_  
 Authorized \_\_\_\_\_  
 Person \_\_\_\_\_  
 Other \_\_\_\_\_  Other \_\_\_\_\_

2011 OCT 15 PM 6:30  
 [Signature]

**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.

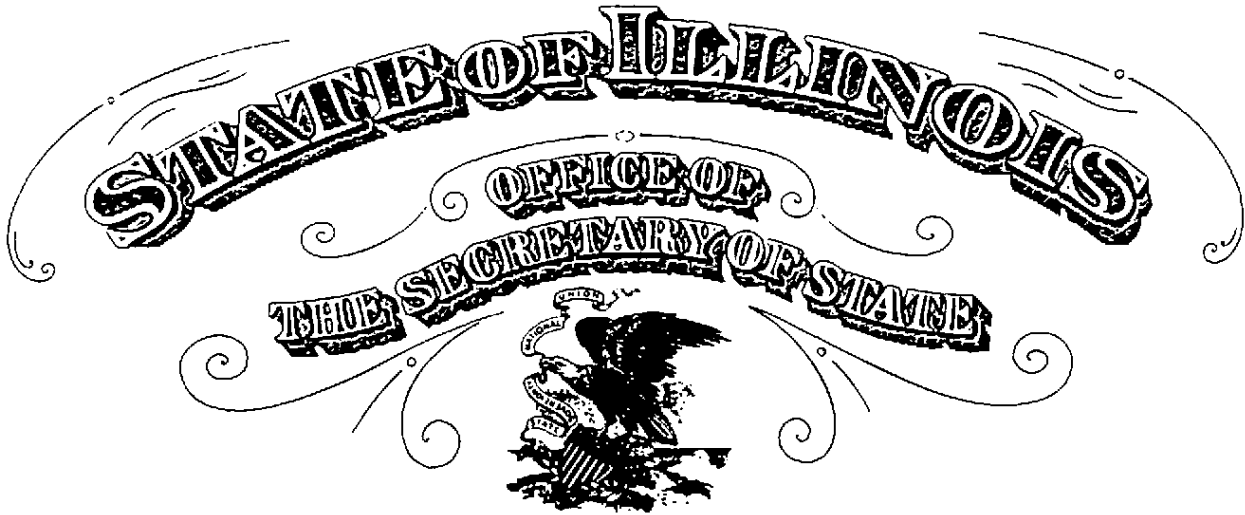
9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must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

File Number

1090221-5



**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*

DTS PROPERTIES III LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 24, 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.

2021 OCT 15 PM 6:00

10/15/2021 1:57:00

**In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 15TH day of OCTOBER A.D. 2021 .**



Authentication #: 2128800478 verifiable until 10/15/2022  
Authenticate at: <http://www.ilsos.gov>

*Jesse White*

SECRETARY OF STATE