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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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MAIL

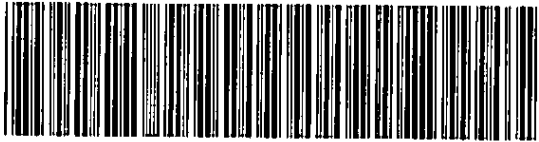
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 DEC - 1 AM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



BUCKLEY FINE
— LAW —

201 S. Grove Avenue, 4th Floor | Barrington, IL 60010 | Tel: 847-381-0011 | Fax: 847-382-7242
A Limited Liability Company Including Professional Corporations

November 9, 2021

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: K&L Equity, LLC, an Illinois limited liability company
Application by Foreign Limited Liability Company for Authorization to Transact
Business in Florida

Dear Sir/Madam:

Enclosed please for filing find an Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida for the entity referenced above. A check in the amount of \$125.00 is also enclosed as and for payment of the associated filing fee.

Please process accordingly and return a letter of acknowledgement to us confirming the Application has been processed. A prepaid, return envelope has been enclosed for your use.

Should you have any questions or require additional information, please do not hesitate to contact the undersigned.

Kind regards,

Heather K. Cummins
Corporate Paralegal

HC:

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: K&L Equity, 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:

Heather Cummins

Name of Person

Buckley Fine, LLC

Firm/Company

201 S. Grove Ave., 4th Floor

Address

Barrington, IL 60010

City/State and Zip Code

dbuckley@buckleyfinelaw.com

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

For further information concerning this matter, please call:

Heather Cummins

847

852-1145

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. K&L Equity, 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. 20-2699992
(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. 5213 Prime Parkway 6. 5213 Prime Parkway
(Street Address of Principal Office) (Mailing Address)

McHenry, IL 60050 McHenry, IL 60050

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

Name: Cogency Global, Inc.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(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.


(Registered agent's signature)

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TALLAHASSEE, FLORIDA

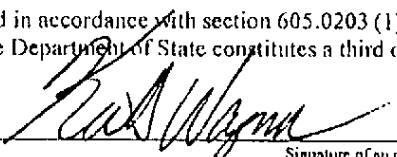
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: <u>Keith Wagner</u>	<input type="checkbox"/> Manager	Name: <u>Keith Wagner</u>
<input type="checkbox"/> Member	Address: <u>5213 Prime Parkway</u>	<input checked="" type="checkbox"/> Member	Address: <u>5213 Prime Parkway</u>
<input type="checkbox"/> Authorized	<u>McHenry, IL 60050</u>	<input type="checkbox"/> Authorized	<u>McHenry, IL 60050</u>
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

Keith Wagner, Manager

Typed or printed name of signee

File Number

0148783-3



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

K&L EQUITY, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 18, 2005, 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 8TH
day of OCTOBER A.D. 2021 .***

Jesse White

SECRETARY OF STATE