

W21000016658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

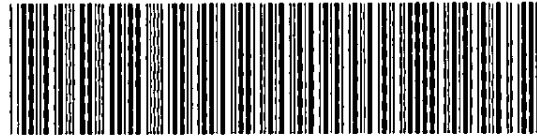
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W2100015594400524

Office Use Only



900377212989

12/07/21--01001--014 **763.75

RECEIVED
2021 DEC -9 PM 3:28
TALLAHASSEE, FL

FILED

S. FRANKLIN

DEC 10 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2021

CAPITAL CONNECTION, INC.

SUBJECT: TENTH AVENUE S, LLC
Ref. Number: W21000155944

RECEIVED
2021 DEC -9 PM 3:35
TALLAHASSEE, FL

We have received your document for TENTH AVENUE S, LLC and your check(s) totaling \$763.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application submitted shows the same title and business name for Novak Family Real Estate, LLC. Please update accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 521A00029446

FILED
2021 DEC -9 PM 2:45
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TENTH AVENUE S, LLC

Signature _____

Requested by: BA

12/8

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

☒ Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

☒ Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

2021 DEC -9 PM 2:45

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tenth Avenue S, 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:

Charles Bowling

Name of Person

Novak Construction Company

Firm/Company

3423 N Drake Avenue

Address

Chicago, IL 60618

City/State and Zip Code

cbowling@novakconstruction.com

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

For further information concerning this matter, please call:

Charles Bowling

at (

773

Area Code

278-1100 ext 315

Daytime Telephone Number

Name of Contact Person

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

FILED
TALLAHASSEE, FL
2021 DEC -9 PM 2:45

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. Tenth Avenue S, 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. State of Illinois
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-0590909
(FEI number, if applicable)

4. 11/01/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3423 N Drake Avenue
(Street Address of Principal Office)

6. 3423 N Drake Avenue
(Mailing Address)

Chicago, IL 60618

Chicago, IL 60618

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

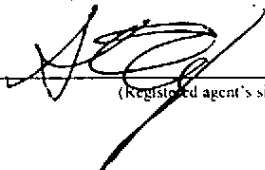
Name: Your Capital Connection, Inc.

Office Address: 417 E. Virginia St. Ste 1

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)

FILED
2021 DEC -9 PM 2:45
TALLAHASSEE, FL

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: Novak Family Real Estate, LLC	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 3423 N Drake Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Chicago, IL 60618	<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 _____

FILED
 2021 DEC -9 PM 2:45
 CLERK OF COURT
 1000 N. GULF BLVD.
 TAMPA, FL 33602

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.

Charles Bowling

Digitally signed by Charles Bowling
 DN: cn=US, email=Ecbowling@novakconstruction.com, o=Novak
 Development, ou=Controller, cn=Charles Bowling
 Reason: I am the author of this document
 Date: 2021.12.07 14:25:51-0500

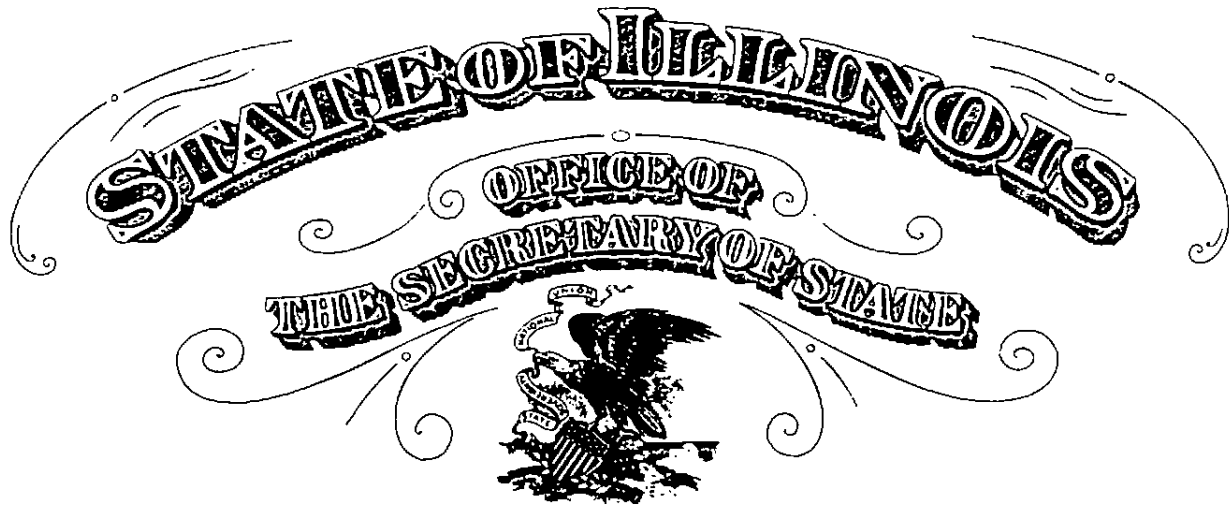
Signature of an authorized person

Charles B. Bowling

Typed or printed name of signer

File Number

0616142-1



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

TENTH AVENUE S, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 27, 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.

FILED

2021 DEC -9 PM 2:45

CLERK OF STATE



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 2ND
day of DECEMBER A.D. 2021 .

Jesse White

SECRETARY OF STATE

Authentication #: 2133602704 verifiable until 12/02/2022

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