

M2100001726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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21 DEC 21 PM 5:07
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

T. LEMIEUX
DEC 29 2021

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December 20, 2021

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St., Ste 810
Tallahassee, FL 32303

Ladies and Gentlemen:

Enclosed please find the following:

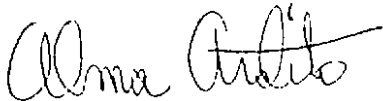
1. Our check in the amount of \$125.00 filing fee for Application;
2. Original and copy of Application by a Foreign Corporation for Authorization to Transact Business in Florida; and
3. Certificate of Good Standing Illinois.

Also enclosed is a self-addressed stamped envelope for returning a copy of the enclosed filed documents to me.

Thank you for your attention to this matter.

Very truly yours,

Ansbacher & Schneider, P.A.



Alma Ardito, Legal Assistant

Encls.

~~100-121~~
210448

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. RO PROPERTIES LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

RO PROPERTIES OF FLORIDA 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

2. (Jurisdiction under the law of which foreign limited liability company is organized)

3. (FEI number, if applicable)

N/A

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

1222 S Ridge Rd

5. (Street Address of Principal Office)

Same as Principal Office

6. (Mailing Address)

Lake Forest, IL 60045

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

Name: Ansbacher & Schneider, P.A.

Office Address: 5150 Belfort Rd., Bldg. 100

Jacksonville, FL 32256
(City) Florida (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.

Ansbacher & Schneider, P.A.

By:

(Registered agent's signature)
Jason M. Trager, Vice President

FILED
21 SEP 21 PM 5:02

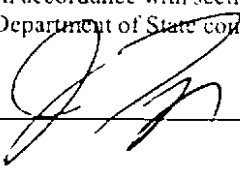
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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>Sinforiano Ojeda</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1222 S Ridge Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Lake Forest, IL 60045</u>	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Adela M. Ojeda</u>	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: <u>1222 S Ridge Rd</u>	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	<u>Lake Forest, IL 60045</u>	<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
Jason M. Trager

Typed or printed name of signer

File Number

0651340-9



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

RO PROPERTIES LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 15, 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 16TH
day of DECEMBER A.D. 2021 .

Jesse White

SECRETARY OF STATE