M22000005043

(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:				
W22000U1499				

Office Use Only



100380075051

2022 HAR 29 PH 8: 02

S. FRANKLIN APR 0 4 2022

COVER LETTER

TO: Registration Section

SUBJECT:	Name of Limited Liability Company					
The enclosed Existence, ar	1 "Application by Foreign Limited Liabilit and check are submitted to register the above	y Company for Authorization to Transact Business in Florida," re referenced foreign limited liability company to transact business.	Certificate of ess in Florida.			
Please return	all correspondence concerning this matter	r to the following:				
	Steven Gouletas					
		Name of Person				
		Firm/Company				
	5712 Leichester Court					
	Address					
	Charlotte NC 28277					
		City/State and Zip Code	202			
	sgouletas@gmail.com		2022 HAR 29			
	E-mail address: (to	be used for future annual report notification)	29			
For further in	nformation concerning this matter, please		PH			
Ste	ven Gouletas	312 3999969 at ()	PH 8: 03			
	Name of Contact Person	Area Code Daytime Telephone Number :				
	iling Address:	Street Address:				
	gistration Section	Registration Section				
	vision of Corporations	Division of Corporations The Centre of Tallahassee				
	D. Box 6327 Ilahassee, FL 32314	2415 N. Monroe Street, Suite 810				
1 a	nanassec, FL 32314	Tallahassee, FL 32303				
Ple	closed is a check for the following amount ase make check payable to: FLORIDA D \$125.00 Filing Fee \$130.00 Filing Certificat	EPARTMENT OF STATE				

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. SEG'S NRS OFFICES (Name of Foreign	LLC Limited Liability Company, must include "Limite	ad Liability Company," "L.L.C.," or "LLC.")		-
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	lorida. The alternate name must include "1 imited I inhibit	tu Commany ** II I C * - u	Lan
Illinois	-	Damed Limite	ty company, L.L.C. or "!	u.c."j
2. (Jurisdiction under the law of v	rhich foreign limited liability company is organized)	3(FEI number, ii	(applicable)	-
1/1/2022				
4	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ	registration.)		
440 N Wabash Ave, 1:		5712 Leicester Ct 6.		
(Street Address of Principal Office)		(Mailing Address)		•
Chicago, IL 60611		Charlotte, NC 28277		
7. Name and street address Name:	Andrea Bouret 8927 Latrec Ave, ATTN NRS	NOT acceptable)	2072 HAR 29 PM 8:	
Office Address:			03	
	Orlando	32819 , Florida		÷
	(City)	(Zip code)	-	
to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper to of my position astregistered agent. (Registered agent's s	s registered agent and agrae to act in the and complete performance of my dutie		

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:	Name and Address:	Title or Capacity:	Name and Address:	
■Manager	Name: Steven Gouletas	□Manager	Name: Andrea Bouret	
□Member	Address: 5712 Leicester Court	□Member	Address: 8927 Latrec Ave., ATTN NRS	
□Authorized	Charlotte, NC 28277	■Authorized	Orlando, FL 32819	
Person		Person		
□Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
Other	Other	□Other	Other	
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized	——————————————————————————————————————	
Person		Person	' ω	
Other	Other	Other	Other	

<u>Important Notice:</u> 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 suited degree felony as provided for in s.817.155, F.S.

Signature of an authorized person

Steven Gouletas

Typed or printed name of signee



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

SEG'S NRS OFFICES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 22, 2010, 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 Sal of the State of Illinois, this **24TH** day of A.D.MARCH 2022

Authentication #: 2208304142 verifiable until 03/24/2023

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

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2022

STEVEN GOULETAS 5712 LEICHESTER COURT CHARLOTTE, NC 28277 US

SUBJECT: SEG'S NRS OFFICES LLC

Ref. Number: W22000014484

We have received your document for <u>SEG'S NRS OFFICES LLC</u> and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 822A00003136

RECENIED