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COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SUBJE	Kelleher + Holland, LLC				
Name of Limited Liability Company					
		y Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida			
Please r	return all correspondence concerning this matter	to the following:			
	Carol Kregel				
	·-	Name of Person			
	Kelleher + Holland, LLC				
		Firm/Company			
	102 S. Wynstone Park Drive				
		Address			
	North Barrington, IL 60010				
		City/State and Zip Code			
	ckregel@kelleherholland.com				
	E-mail address: (to l	be used for future annual report notification)			
For furt	her information concerning this matter, please c	all:			
Carol Kregel		847 713-1355 at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
	Mailing Address:	Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$\Bigsim \text{\$\subset}\$ \$125.00 Filing Fee	PARTMENT OF STATE Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate			

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 TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

Kelleher + Holland, LL						
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability Compa	ny," "L.L.C.," or "LLC.")			-
(If name unavailable, enter alternate)	name adopted for the purpose of transacting business in Fl	orida. The alternate r	name must include "Limited Liability	Company," "1,	.l. (','' or '''	LLC.")
Illinois 2.			663788			
(Jurisdiction under the law of which foreign limited liability company is organized)		3. (FEI number, if applicable)				-
January 1, 2022						
· ·	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration) ne penalty hability)		_		
102 S. Wynstone Park	Drive	6	6. (Mailing Address)			
(Street Address of Principal Office)		(5)	failing Address)			
North Barrington, IL 60010		North	SEC	2022	_	
				RE I/J	2022 HAR	T
				ĕή+<	5	- [
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT accepta	ble)	ME:	A	il
Name:	Andrew J. Kelleher, Jr.			JIAIE LORIDA	AM II: 14	
Office Address:	110 SE 6th Street, Suite 1729					
	Fort Lauderdale		33301 , Florida			
	(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)

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: Andrew J. Kelleher, Jr.	■Manager	Name: Robert A. Holland
□Member	Address: 102 S. Wynstone Park Drive	□Member	Address: 102 S. Wynstone Park Drive
□Authorized	North Barrington, IL 60010	□Authorized	North Barrington, IL 60010
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	
□Other	□Other	□Other	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.

Andrew J. Kelleher, Jr.

Typed or printed name of signee

File Number

0909513-6



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

KELLEHER + HOLLAND, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 05. 2020, 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 10TH day of MARCH A.D. 2022.

Authentication #: 2206905514 verifiable until 03/10/2023 Authenticate at: http://www.ilsos.gov

SECRETARY OF STATE