

W22000008811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

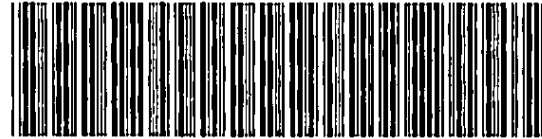
(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 27 PM 7:40

S. FRANKLIN

JUN 07 2022

RFE 5/27/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VIK PROPERTY MANAGEMENT, 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:

JANELLE VIK

Name of Person

VIK PROPERTY MANAGEMENT, LLC

Firm/Company

25 N CLYDE

Address

PALATINE, ILLINOIS 60067

City/State and Zip Code

VIKPPTYMGMT@GMAIL.COM

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

2022 MAY 27 PM 7:40

For further information concerning this matter, please call:

JANELLE VIK

224

277-0687

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

OK 73-18/421

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.042, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. VIK PROPERTY MANAGEMENT, LLC

(Name of Foreign Limited Liability Company must include "Limited Liability Company," "LLC," or "LLP.")

(Name and address of the company must be stated for the purpose of transacting business in Florida. The address must include "Limited Liability Company," "LLC," or "LLP.")

2. ILLINOIS

3. NO-1764122

4. N/A

(Date first transacted business in Florida or prior to registration)

5. VIK PROPERTY MANAGEMENT, LLC

6. VIK PROPERTY MANAGEMENT, LLC

1331 SW 27TH TERRACE

25 N CLYDE AVE

CAPE CORAL, FL 33914

PAUATINE, IL 60067

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

Name: RUTH KMILOLAK

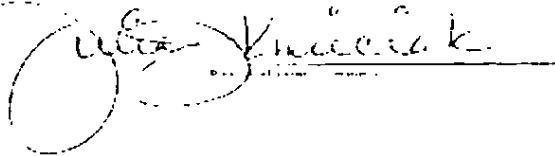
Office Address: 1805 SW 22ND TERRACE

CAPE CORAL

Florida 33901

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.



Date of Filing: _____

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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:**

☒ Manager Name: Janelle Vik

☒ Member Address: 25 N Clyde

☐ Authorized Palatine, IL 60067

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☒ Manager Name: Ron Vik

☒ Member Address: 25 N Clyde

☐ Authorized Palatine, IL 60067

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ 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.

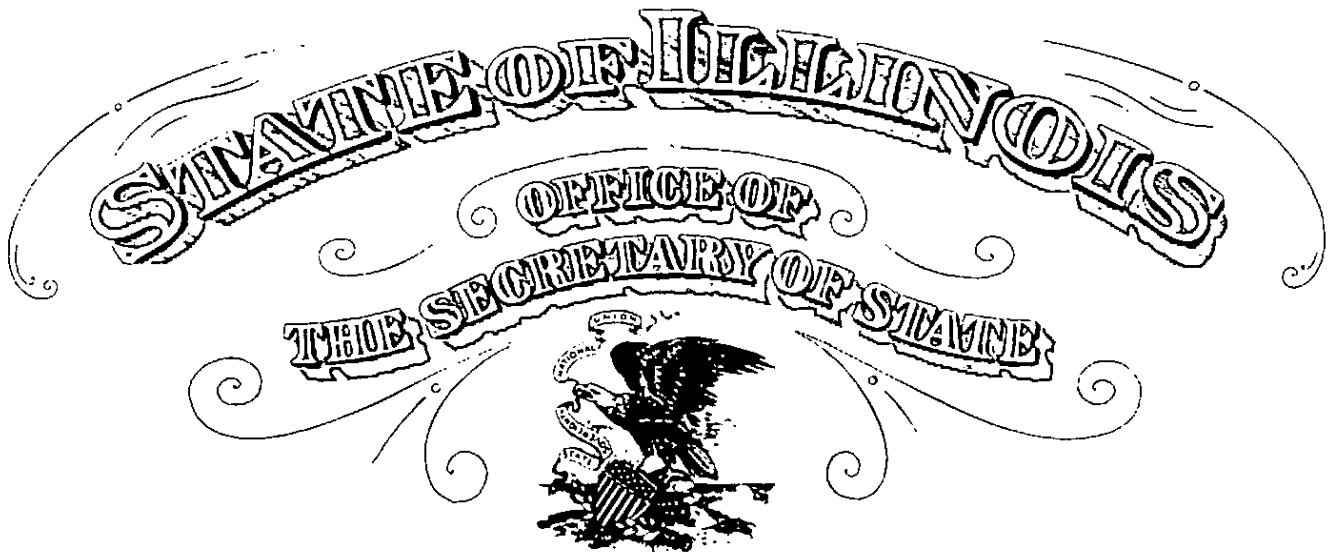
Janelle M Vik
Signature of an authorized person

Janelle M Vik, manager
Typed or printed name of signer

2022 MAY 27 PM 7:10

File Number

0980144-8



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

VIK PROPERTY MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 29, 2021, 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 7TH
day of MARCH A.D. 2022 .

Jesse White

SECRETARY OF STATE