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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(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 20 AM 8:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SANDCASTLE COMMUNICATIONS 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:

LUKASZ KRAMARSKI

\_\_\_\_\_  
Name of Person

SANDCASTLE COMMUNICATIONS LLC

\_\_\_\_\_  
Firm/Company

2000 PGA BLVD STE 4400

\_\_\_\_\_  
Address

PALM BEACH GARDENS FL 33408

\_\_\_\_\_  
City/State and Zip Code

LUKEK@SANDCASTLECOMMUNICATIONS.COM

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

For further information concerning this matter, please call:

LUKASZ KRAMARSKI

847

652-0282

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

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. SANDCASTLE COMMUNICATIONS 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. ILLINOIS 3. 86-3766856  
(Jurisdiction under the law of which foreign limited liability company is organized) (FED number, if applicable)

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

5. 25 N RIVER LN STE 25405 6. 2000 PGA BLVD STE 4400  
(Street Address of Principal Office) (Mailing Address)

GENEVA IL 60134

PALM BEACH GARDENS FL 33408

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


Name: LUKASZ KRAMARSKI

Office Address: 2000 PGA BLVD STE 4400

PALM BEACH GARDENS 33408  
(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.*

  
(Registered agent's signature)

FILED  
2022 MAY 20 AM 8:04  
CLERK OF STATE  
PALM BEACH, FL

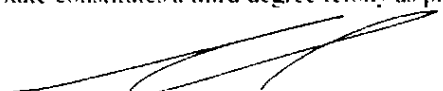
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<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: LUKASZ KRAMARSKI	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 2000 PGA BLVD STE 4400	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	PALM BEACH GARDENS FL 33408	<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: WILLIAM L BAUER	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 5942 E HOUSTON RD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	WOODLAWN IL 62898	<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: FRANK URSO	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 651 S SUTTON RD	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	STREAMWOOD IL 60107	<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

LUKASZ KRAMARSKI  
\_\_\_\_\_  
Typed or printed name of signee

File Number

1032795-4



***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*

SANDCASTLE COMMUNICATIONS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 07, 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 18TH*  
*day of MAY A.D. 2022 .*



Authentication #: 2213802638 verifiable until 05/18/2023

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

*Jesse White*

SECRETARY OF STATE