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Office Use Only

#### **COVER LETTER**

#### TO: Registration Section Division of Corporations

PFB Architects, LLC - Chicago

SUBJECT: \_

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:

Thomas C. Jeziorski

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

For further information concerning this matter, please call:

Thomas C. Jeziorski	312 37 at ( )	6-3100		
Name of Contact Person	Area Code	Daytime Telephone Number		
Mailing Address:	Street Address:			
Registration Section	Registration Sectio	n		
Division of Corporations	Division of Corpor	rations		
P.O. Box 6327	The Centre of Tall	The Centre of Tallahassee		
Tallahassee, FL 32314	2415 N. Monroe S	treet, Suite 810		
	Tallahassee, FL 32	2303		
Enclosed is a check for the following amount Please make check payable to: FLORIDA D				
□ \$125.00 Filing Fee	Fee & 🗆 \$155.00 Filing Fee & 🗆 Certified Co	•		

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

### IN COMPLIANCE WITH SECTION (05:002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

PFB Architects	LLC - Chicago
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li nune unavailable, enter alternate r	same adopted for the purpose of transacting business in Fl	orida The a	ilternate name must incl	lude "Limited Liability Comp.	any," "L.I. C," or "LL(
Illinois		7			
. (Jurisdiction under the law of which foreign limited hability company is organized)		J		(FEI number, if applicable)	
NA					
·	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determ)	registration. ne penalty l	.) habihty)		
33 North LaSalle Street			6(Mailing Address)		
iteet Address of Principal Office)		0.	(Mathing Address		102
suite 3600		:	suite 3600		2.31.31
Chicago, IL 60602			Chicago, IL 6060	02	1022 JUN 22 1
Name and street addres	<u>s</u> of Florida registered agent: (P.O. Box	<u>NOT</u> a	cceptable)		 
Name:	C T Corporation System				
Office Address:	1200 South Pine Island Road				
	Plantation		, Florida_	33324	
	(City)			(Zip code)	

ر.

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.

C T Corporation System By Kichol McCroy, Assistant Secretary

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:	■Manager	Brian Pugh Name:
□Member	Address:	□Member	921 Jessamine Dr. Address:
□Authorized	unit 4908	Authorized	Oswego, IL 60543
Person	Chicago, IL 60610	Person	
Other	Other	□Other	Other
□Manager	Name:	Manager	Nате:
Member	Address:	Member	Address:
Authorized		Authorized	 
Person		Person	N
Other	0ther	Other	Other
			· · · ·
□Manager	Name:	□Manager	Name:
Member	Address:	□Member	Address:
□Authorized		Authorized	
Person		Person	
□Other	0ther	□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.

Signature of an authorized person

Thomas C. Jeziorski

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

MARCH 26, 2002, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE  $\sim$ 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 29TH day of JUNE A.D. 2022 .

apper WI

SECRETARY OF STATE

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Authentication #: 2218001946 verifiable until 06/29/2023 Authenticate at: http://www.ilsos.gov