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the object K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 873670 7175508								
AUTHORIZATION Spelle Man								
COST LIMIT : \$ 125.00								
ORDER DATE : August 9, 2022								
ORDER TIME : 2:57 PM								
ORDER NO. : 873670-005								
CUSTOMER NO: 7175508								
FORÈIGN FILINGS								
NAME: VENTURE ONE DEVELOPMENT FLORIDA, LLC								
XXXX QUALIFICATION (TYPE: <u>LL</u>)								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING								

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

COVER LETTER

то:		on Section f Corporations				
SUBJEC		TURE ONE DEVELO	PMENT FLORID	A, LLC		
301312	C1,		Name of	Limited Liability Company		
				pany for Authorization to Transact Business in Florida," Certificate of renced foreign limited liability company to transact business in Florida.		
Please re	eturn all co	respondence concerning	g this matter to the	e following:		
	V	AICHAEL J. TUCHMA	N			
	Name of Person					
	LEVENFELD PEARLSTEIN, LLC					
	Firm/Company					
	2	N. LASALLE ST., ST	E. 1300			
	_	•		Address		
	CHICAGO, ILLINOIS 60602					
	_		City/S	State and Zip Code		
	lpa	gents@lplegal.com				
		E-mail a	iddress: (to be use	d for future annual report notification)		
For furth	er informa	ion concerning this mat	ter, please call:			
		Name of Contact	Person	at () Area Code Daytime Telephone Number		
	Mailing A Registrat	ddress: ion Section		Street Address: Registration Section		
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
	Tallahass	see. FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Please mak	s a check for the following check payable to: FL Filing Fee		□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate		

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

IN COMPLANCE WITH SECTION 605.0002. FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

•	/ELOPMENT FLORIDA, LLC			
(Name of Foreign	Limited Liability Company; must include "Limited	d Liability	Company," "L. L. C.," or "LLC.")	
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	lorida The	alternate name must include "Limited Liability Compa	ny," "1,.1,.C," or "L1,C,")
ILLINOIS				
2. (Jurisdiction under the law of w	hich foreign limited liability company is organized)	3.	(FEI number, if applicab	(e)
AUGUST 8, 2022				
4.	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605,0905, F.S. to determine	registration ine penalty	hability i	
5	AVENUE, SUITE 340	6	9500 BRYN MAWR AVENUE, SU	
(Street Address of Principal Office)	·	0	(Mailing Address)	
ROSEMONT, ILLING	DIS 60018		ROSEMONT, ILLINOIS 60018	
		•		
				7.00 >
				822 ,
7. Name and street address	s of Florida registered agent: (P.O. Box	NOT ?	acceptable)	A B
				SE LA TAR
Name:	Corporation Service Company		<u>:</u>	m(e)
Name.	· ·			PH L
Office Address:	1201 Hays Street			
	Tallahassee		32301	-
	(Cuy)		. 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.

Corporation Service Company

By: Wilker Wassisten + va president

(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: VENTURE ONE DEVELOPMENT, LLC ROY L. SPLANSKY ■Manager □Manager 9500 BRYN MAWR AVENUE 9500 BRYN MAWR AVENUE □Member □Member Address: Address: STE. 340 STE. 340 □ Authorized ■ Authorized **ROSEMONT, ILLINOIS 60018** ROSEMONT, ILLINOIS 60018 Person Person □Other___ □Other_____ □Other____ □Other____ □Manager Name: □Manager Name: Address: _____ □Member Address: □Member □ Authorized ☐ Authorized Person Person Other □Other_____ □Other_____ □Other____ □Manager Name: ______ □Manager ■ Member Address: Address: □ Member ☐ 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. Nonindexed 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 ROY L. SPLANSKY, AUTHORIZED PERSON

Typed or printed name of signee

File Number

1212485-6



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

VENTURE ONE DEVELOPMENT FLORIDA, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 08, 2022, 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 9TH day of AUGUST A.D. 2022 .

Authentication #: 2222102356 verifiable until 08/09/2023

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

Desse White

SECRETARY OF STATE