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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:Name	of Limited Liability Company	
The enclosed "Application by Foreign Limited Liability (Existence, and check are submitted to register the above to	Company for Authorization to Transact Business in referenced foreign limited liability company to trans	Florida," Certificate act business in Flori
Please return all correspondence concerning this matter to	the following:	
Adam Heiman		
	Name of Person	
Benjamin, Gussin & Associates		
	Firm/Company	
801 Skokie Blvd., STE 100		
	Address	
Northbrook, IL 60062		
C	ity/State and Zip Code	
aheiman@bgalawfirm.com		2022 AUS
E-mail address: (to be	used for future annual report notification)	<u> </u>
For further information concerning this matter, please cal	l:	
Adam Heiman	at (umber 2 2
Name of Contact Person	Area Code Daytime Telephone N	umber " 🖔
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 DEF		ing Rea Cartificate
\$125,00 Filing Fee S130,00 Filing Fe	· ·	ing Fee, Certificate is & Certified Copy

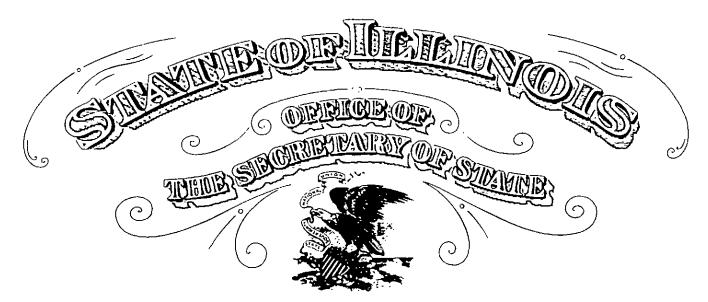
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ame unavailable, enter alternat	e name adopted for the purpose of transacting business in Fl	orids. The alternate name must include "Lamited Liability (Company," "L.L.C." or "LL
llínois		88-1823375 3.	
(Jurisdiction under the law of	which foreign limited liability company is organized)	3. (FEI number, if ap	plicable)
Filing Date			
	(See sections 603,0904 & 605 0905, F.S. to determi	registration.) ne penalty liability)	
280 Otis Road		280 Otis Road	
et Address of Principal Othice)		(Mailing Address)	
Barrington, IL 6001	0	Barrington, IL 60010	
Name and <u>street addre</u> Name:	ess of Florida registered agent: (P.O. Box Corporation Service Company	NOT acceptable)	76 Jr.
	•		76 Yr
Name:	Corporation Service Company 1201 Hays Street Tallahassee	32301	***
Name:	Corporation Service Company 1201 Hays Street Tallahassee	32301	*** \$1

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: Carmen Galante VIctoria Galante **≅**Manager ■Manager Name: Address: 280 Otis Road 280 Otis Road ☐Member Address: □Member Barrington, IL 60010 Barrington, IL 60010 Authorized **≅**Authorized Person Person □Other Other____ □ Other Other____ □Manager Name: □ Manager Name: □Member Address: □Member Address: □ Authorized □Authorized Person Person Other____ Other. □Other Other_ □Manager □Manager Name: Name: □Member □Member Address: Address: □ Authorized □ Authorized Person Person 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 Carmon Galante, Manager

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

MOUNTAIN CROSS INVESTMENTS & MANAGEMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 11, 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 27TH

day of JULY

A.D. 2022

Authentication #: 2220802082 verifiable until 07/27/2023

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

Desse White