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COVER LETTER

Registration Section Division of Corporations

TO:

Name of Limited Liability Company	
he enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.	ıf a.
lease return all correspondence concerning this matter to the following:	
Daniel Williams Name of Person	
Dan Mar Real Co LLC Firm/Company	
Firm/Company 122 S Michigan Ave Stule 1390 Address	
Chicago IL wolso 3 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Name of Contact Person Area Code Daytime Telephone Number	
Mniling 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 & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy \$160.00 Filing Fee, Ce	

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

INFLORIDA	
IN COMPLIANCE WITH SECTION OBSOND FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FORESCEN HIMTED HAS COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. OCU	אנונונונונונונונונונונונונונונונונונונו
	_
(If name unavailable, enter alternate name subspect for the purpose of transacting business in Florids. The alternate name must include "Limited Liability Company," "L.L.C." or "L.L.C." 2	ר
4. D1 D5 20 (Date lirst transacted business in Florida, if prior to registration.) (See sections 603 0904 & 603 0903, F.S. to determine penalty liability)	
5. 122 S Michigan AVE Suite 6. 122 SMichigan AVE Suite (Street Address of Principal Office) (Washing Address)	.e 1390
Chicago IL Chicago IL 3	
<u>6. 60003</u> <u>600003</u>	
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: Maurice Robison	
Office Address: 941 S. Oranger BIBSOM Trail	
$\frac{\text{Florida}}{\text{Cary}}$, Florida $\frac{32703}{\text{(Zip code)}}$	
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 pla designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further a to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wil and accept the obligations of my position as registered agent.	gree

2. 2**.5** 2.5 3

8. For initial indexing purposes, list names, title or especity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]; Title or Canacity: Name and Address: Name and Address: Title or Canacity: Name: Daniel Williams 6 Manager ☐ Manager Name: Address: 122 Smichigan Avenmenter Address: ______ ☐ Member Swite 1390 □ Authorized □ Authorized Chicago IL lebles Person Person □Other__ Other_____ □Other___ Name: _____ ■ Manager □Manager Name: _____ □Member Address: ____ □Member Address: _____ □ Authorized □Authorized Person Person □ Other____ □ Other □Other_ Other _ Name: _____ ☐ Manager ☐ Manager □Member Address: _____ ☐ Member Address: □ 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, only 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 a.817.155, F.S.

File Number

0835167-8



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 \cong Business Services. I certify that

DAN MAR REALCO LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 18, 2019, 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 29TH day of AUGUST A.D. 2022 .

Authentication #: 2224102714 verifiable until 08/29/2023 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

Desse White