

1122000017440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

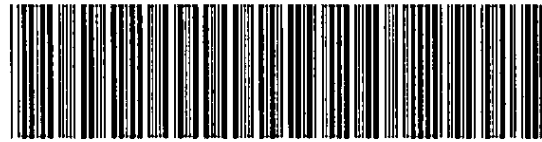
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NOV 18 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SCOPE AND ESTIMATES, 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:

INNA MCLOUGHLIN  
\_\_\_\_\_

Name of Person

SCOPE AND ESTIMATES, LLC.  
\_\_\_\_\_

Firm/Company

7611 W. TOUHY AVENUE  
\_\_\_\_\_

Address

CHICAGO IL 60631  
\_\_\_\_\_

City/State and Zip Code

INNA@SCOPEANDESTIMATES.COM  
\_\_\_\_\_

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

For further information concerning this matter, please call:

INNA MCLOUGHLIN  
\_\_\_\_\_

Name of Contact Person

773  
\_\_\_\_\_

at ( )

Area Code

502-2856  
\_\_\_\_\_

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. SCOPE AND ESTIMATES, LLC.

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. ILLINOIS

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 92-0646156

(FEI number, if applicable)

4. 10/22/2022

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

5. 7611 W. TOUHY AVENUE

(Street Address of Principal Office)

6. 7611 W. TOUHY AVENUE

(Mailing Address)

CHICAGO, IL, 60631

CHICAGO, IL, 60631

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

Name: RACHEL MCLOUGHLIN

Office Address: 103 N. HARBOR DRIVE

VERO BEACH

(City)

, Florida

32960

(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.*

Rachel McLoughlin

(Registered agent's signature)

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FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA

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:**

☒ Manager Name: INNA MCLOUGHLIN

☐ Member Address: 7611 W. TOUHY AVENUE

☐ Authorized CHICAGO, IL, 60631

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: RACHEL MCLOUGHLIN

☒ Member Address: 103 N. HARBOR DRIVE

☐ Authorized VERO BEACH, IL, 32960

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: DANIEL RESTREPO

☐ Member Address: 912 BLACKBURN DRIVE

☒ Authorized GRAYSLAKE, IL, 60030

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☐ Manager Name: TYLER WIRTZ

☐ Member Address: 4205 PRIMROSE COURT

☐ Authorized ZION, IL, 60099

Person \_\_\_\_\_

☒ Other CONTRACTOR ☐ Other \_\_\_\_\_

☐ Manager Name: JOHN STAMENOS

☐ Member Address: 1343 W. BYRON AVENUE

☐ Authorized ADDISON, IL, 60101

Person \_\_\_\_\_

☐ Other CONTRACTOR ☐ Other \_\_\_\_\_

☐ Manager Name: DIEGO CORREA

☐ Member Address: 4623 N. KENMORE AVENUE

☐ Authorized CHICAGO, IL, 60613

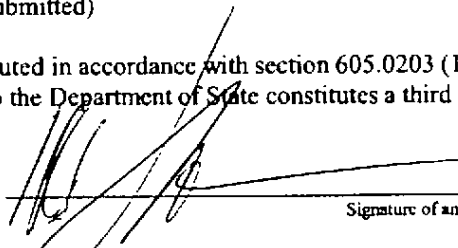
Person \_\_\_\_\_

☐ Other CONTRACTOR ☐ 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)

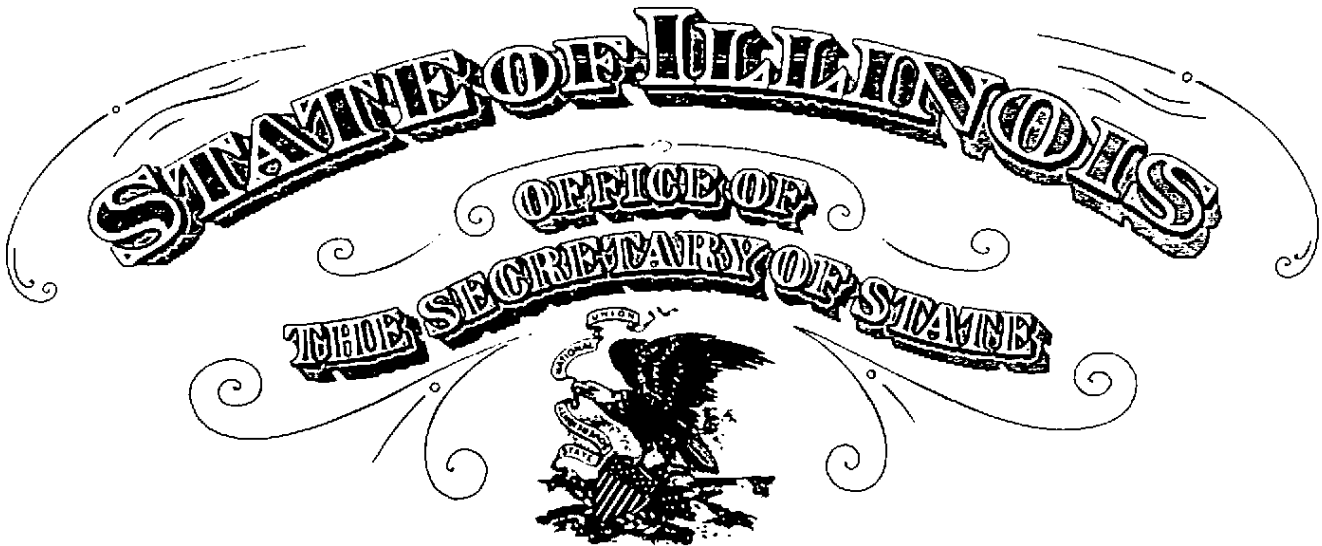
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Signature of an authorized person

INNA MCLOUGHLIN  
\_\_\_\_\_  
Typed or printed name of signer

File Number

1234428-7



***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*

SCOPE AND ESTIMATES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 10, 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 26TH day of OCTOBER A.D. 2022 .*

*Jesse White*

SECRETARY OF STATE