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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

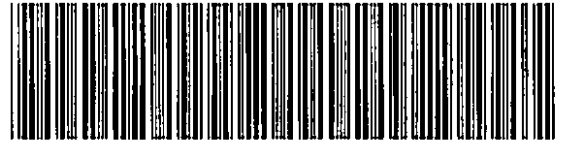
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC 12 AM 19:19

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WINGSPAN

DEVELOPMENT GROUP

December 8, 2022

Via Overnight Delivery

Florida Department of State
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street – Suite 810
Tallahassee, Florida 32303
(850) 245-6051

Re: Application for Authorization to Transact Business
The Opal Partnership, LLC
Raintree 4, LLC

To Whom It May Concern,

Enclosed please find two (2) Applications for Authorizations to Transact Business along with the supplemental documentation. I included two (2) checks, each in the amount of \$130.00 to cover the fees to process the applications. Please let me know if you have any questions.

Very Truly Yours,

Carolyn D. Strahammer, Esq.

Wingspan Development Group, LLC
Corporate Legal Counsel



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Opal Partnership, 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:

Carolyn Strahammer
Name of Person

Nicholas & Associates, Inc.
Firm/Company

1001 Feehanville Dr.
Address

Mt. Prospect, IL 60056
City/State and Zip Code

cstrahammer@nicholasquality.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Strahammer at (847) 394-6200
Name of Contact Person Area Code 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. The Opal Partnership, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Delaware 3. 88-1981537
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

5. 1001 Feehanville Dr. 6. _____
(Street Address of Principal Office) (Mailing Address)

Mt. Prospect, IL 60056

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (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.

Daciaundrea N. Garvin Assistant Secretary
(Registered agent's signature)

2022 DEC 12 AM 10:19

LLC

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]:

<u>Title or Capacity:</u>		<u>Name and Address:</u>		<u>Title or Capacity:</u>		<u>Name and Address:</u>	
<input checked="" type="checkbox"/> Manager	Name:	Raintree 4, LLC		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	1001 Feehanville Dr.		<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized		Mt. Prospect, IL 60056		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:	Gina Bertolini		<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:	1001 Feehanville Dr.		<input type="checkbox"/> Member	Address:		
<input checked="" type="checkbox"/> Authorized		Mt. Prospect, IL 60056		<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other	
<input type="checkbox"/> Manager	Name:			<input type="checkbox"/> Manager	Name:		
<input type="checkbox"/> Member	Address:			<input type="checkbox"/> Member	Address:		
<input type="checkbox"/> Authorized				<input type="checkbox"/> Authorized			
Person				Person			
<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> Other		<input type="checkbox"/> 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

Carolyn Strahammer

Typed or printed name of signer

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "THE OPAL PARTNERSHIP, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE NINETEENTH DAY OF APRIL, A.D. 2022, AT 1:13 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "THE OPAL PARTNERSHIP, LLC".




Jeffrey W. Bullock, Secretary of State

6754001 8100H
SR# 20224029718

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204875749
Date: 11-16-22

State of Delaware
Secretary of State
Division of Corporations
Delivered 01:13 PM 04/19/2022
FILED 01:13 PM 04/19/2022
SR 20221517983 - File Number 6754001

STATE OF DELAWARE
CERTIFICATE OF FORMATION
OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is The Opal Partnership, LLC
2. The Registered Office of the limited liability company in the State of Delaware is located at Corporation Trust Center, 1209 Orange Street (street), in the City of Wilmington, Zip Code 19801. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is The Corporation Trust Company

By: C. Strahammer
Authorized Person

Name: Carolyn Strahammer
Print or Type