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Office Use Only



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JAN 1 2 2023 K. Brumbley CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 346468 7175508	
AUTHORIZATION: CONNECTION	
COST LIMIT : \$ 125.00	
	-
ORDER DATE : January 11, 2023	
ORDER TIME : 9:33 AM	
ORDER NO. : 346468-005	
CUSTOMER NO: 7175508	
FOREIGN FILINGS	
NAME: GOH CHARTERS 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: Eyliena Baker -- EXT#

## COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJEC	GOH CHARTERS LLC							
Name of Limited Liability Company								
		Company for Authorization to Transact Business in Florida," Certificate of e referenced foreign limited liability company to transact business in Florida						
Please re	eturn all correspondence concerning this matter	to the following:						
	LAUREN A. WILEY							
		Name of Person						
	LEVENFELD PEARLSTEIN, LLC							
	. <u> </u>	Firm/Company						
	2 N. LASALLE ST., STE. 1300							
		Address						
	CHICAGO, ILLINOIS 60602							
		City/State and Zip Code						
	lpagents@lplegal.com							
	E-mail address: (to b	be used for future annual report notification)						
For furth	er information concerning this matter, please c	all:						
		at (						
	Name of Contact Person	at () Area Code Daytime Telephone Number						
	Mailing Address:	Street Address:						
Registration Section Division of Corporations		Registration Section 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 DE  \$\Begin{array}{l} \$125.00 \text{ Filing Fee}  \text{S130.00 Filing F} \\ \text{Certificate} \end{array}	ee & 🔲 \$155.00 Filing Fee & 🔲 \$160.00 Filing Fee, Certificate						

## 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:

	name adopted for the purpose of transacting business in F	Torida The alt	emate name must include "Limited Liabi	ility Company," "L.L.C," or "L.L	.C.").
ILLINOIS 2.		3			
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	ے	(FEI number,	if applicable)	
JANUARY 4, 2023					
	Date first transacted business in Florida, it prior to (See sections 605 0904 & 605,0905, F.S. to determ	registration ) ine penalty lia	ability)		
811 SOLAR ISLE		6	11 SOLAR ISLE		
Street Address of Principal Office)		o. <u> </u>	(Mailing Address)	·	
FT. LAUDERDALE,	FL 33301	F	T. LAUDERDALE, FL 333	301	
Name and street address  Name:	SS of Florida registered agent: (P.O. Box  Corporation Service Company	x <u>NOT</u> ac	ceptable)	3 JAN 12 PH	
Office Address:	1201 Hays Street			#: 06	
	Tallahassee		32301 . Florida		
			. FIORIUA		

Assistant Vice President

(Registered agent's signature)

By:

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: ROBERT PETRIE **■**Manager □Manager Name: \_\_\_\_\_ 811 SOLAR ISLE ☐ Member Address: □Member Address: FT. LAUDERDALE, FL 33301 ☐ 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: □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, 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 ROBERT PETRIE, MANAGER

Typed or printed name of signee



## To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

GOH CHARTERS LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JANUARY 04, 2023. 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 11TH day of JANUARY A.D. 2023.

Authentication #: 2301103378 verifiable until 01/11/2024

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

Alexi Sianandon SECRETARY OF STATE