

M23000001639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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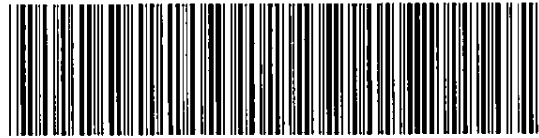
(Business Entity Name)

(Document Number)

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APPROVED  
AND  
FILED  
2019 FEB 19 AM 8:31

FEB - 8 2023

K. Brumby

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. Stonebridge Consulting Group 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. Illinois 42-1773954  
(Jurisdiction under the law of which foreign limited liability company is organized) 3. (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. 27475 FERRY ROAD 6. 27475 FERRY ROAD  
(Street Address of Principal Office) (Mailing Address)

WARRENVILLE IL 60555 WARRENVILLE IL 60555

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

Name: Corporate Creations Network Inc.  
Office Address: 801 US Highway 1  
North Palm Beach, Florida 33408  
(City) (Zip code)

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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.

  
(Registered agent's signature)

Kevin Duteau, Special Secretary

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 type="checkbox"/> Manager	Name: SAROJ MOHANTY	<input type="checkbox"/> Manager	Name: VICTOR VOSS
<input checked="" type="checkbox"/> Member	Address: 1333 OAKTON LANE	<input checked="" type="checkbox"/> Member	Address: 3186 FOX RIDGE CT,
<input type="checkbox"/> Authorized	NAPERVILLE, IL 60540	<input type="checkbox"/> Authorized	WOODRIDGE, IL 60517
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: JOEL MATTHIES	<input type="checkbox"/> Manager	Name: KUMAR REDDY
<input checked="" type="checkbox"/> Member	Address: 2457 TURNBURY ROAD	<input checked="" type="checkbox"/> Member	Address: 24 OLIVIA ROAD
<input type="checkbox"/> Authorized	GREEN BAY, WI 54313	<input type="checkbox"/> Authorized	HIGHTSTOWN, NJ 08520
Person		Person	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Manager	Name: JIM SMITH	<input type="checkbox"/> Manager	Name: JOHN WORTHINGTON
<input checked="" type="checkbox"/> Member	Address: 1620 HAWK RIDGE DRIVE	<input checked="" type="checkbox"/> Member	Address: 27475 FERRY ROAD
<input type="checkbox"/> Authorized	MAINEVILLE, OH 45039	<input type="checkbox"/> Authorized	WARRENVILLE, IL 60555
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

Kevin Duteau, Attorney-in-Fact

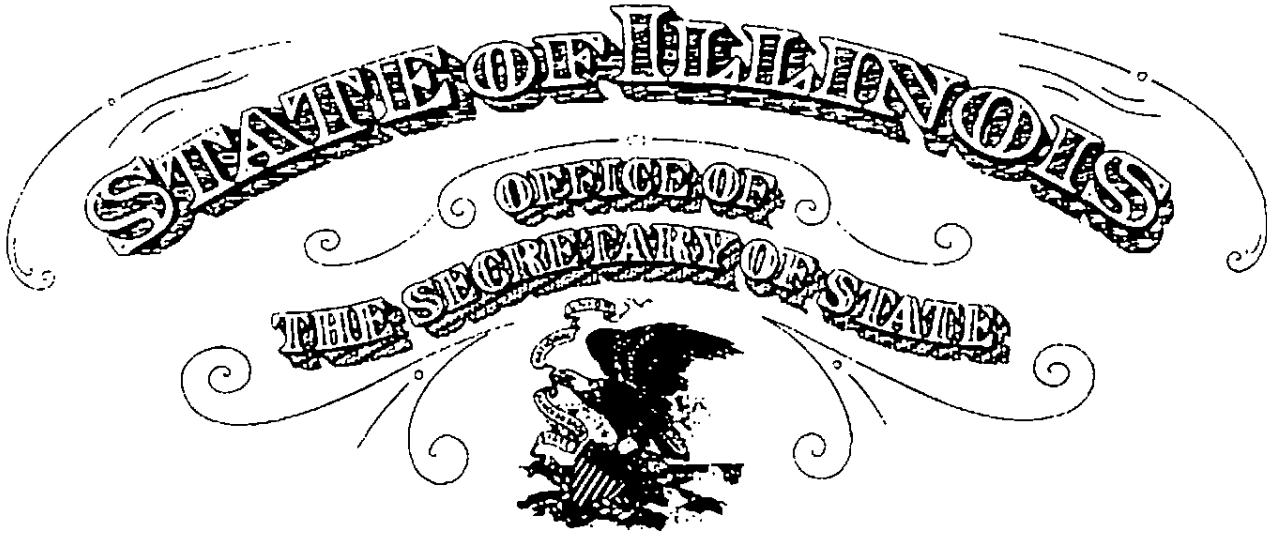
Typed or printed name of signer

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APPROVED  
FILED

File Number

0419164-1



***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*

STONEBRIDGE CONSULTING GROUP LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 04, 2013, 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 15TH*  
*day of FEBRUARY A.D. 2019 .*

*Jesse White*

SECRETARY OF STATE