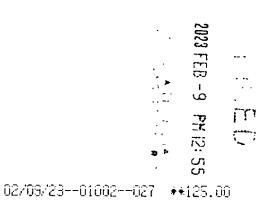
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					

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COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	Properties for Tomorrow, LLC - Southwe	est Ranches Series			
o o no c					
		y Company for Authorization to Transact Business in Florida,' e referenced foreign limited liability company to transact busin			
Please i	return all correspondence concerning this matter	to the following:			
	Juan A. Fernandez-Barquin Jr.				
	Firm/Company				
	••	2023			
	n	2023 FEB	•		
Pembroke Pines, Florida 33028					
City/State and Zip Code					ii.
	juan@petretailers.com		· • · · · · · · · · · · · · · · · · · ·	PH 10: 17	•
	E-mail address: (to	be used for future annual report notification)		, C	
For fur	ther information concerning this matter, please c	call;			
	Juan Fernandez-Barquin	954 442-3106 at ()_			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations			
	P.O. Box 6327 Tallahassee, FL 32314	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 DE \$\Bigsir \S125.00 \text{ Filing Fee} \Bigsir \S130.00 \text{ Filing F} Certificate	EPARTMENT OF STATE			

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

IN COMPLANCE WITH SECTION 605,0002, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. (Name of Foreign	Lunited Liability Company; must include "Limited	l Liability Con	ipany," "L.L.C.," or "LLC.")			
(If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Fl	orida. The altern.	ate name must include "Limited Liability Comp	any," "I, I.,C,"	oc"l.l ("")	
Illinois 2. Unrediction under the law of w	hich foreign limited liability company is organized)	3	(FLI number, if applica	blei		
4.	(Date first transacted business in Florida, if prior to (See sections 605 0804 & 605 0905, F.S. to determi	registration)				
2020 NW 150th Avenu 5.		202	ny) 0 NW 150th Avenue, Suite 300-7 (Mailing Address)		~	
(Street Address of Principal Office) Pembroke Pines, FL 33028			(Mailing Address)	,	2023 F	
remorake rines, FL 33					<u>_</u> g	_
				3		: -
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT accep	otable)	9 *	K 12: 55	Ę
N'ame:	Juan A. Fernandez-Barquin, Jr.		- <u>-</u>			
Office Address:	2020 NW 150th Avenue, Suite 300-A		_			
	Pembroke Pines		33028 , Florida			
	(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.

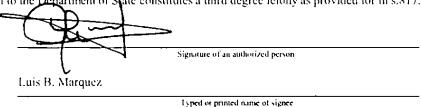
(Registered igent' signature)

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	<u>′:</u>	Name and Address:
■Manager	Name: Luis B. Marquez	□Manager	Name:	
□Member	Address: 2020 NW 150th Avenue	□Member	Address:	
□Authorized	Suite 300-A	□Authorized		
Person	Pembroke Pines, FL 33028	Person		
⊡Other	□Other	□Other		□Other
□Manager	Name:	□Manager	Name:	
⊡Member	Address:	□Member	Address:	2023
□Authorized		□Authorized		ئىس
Person		Person		
□Other	Other	□Other		□Other □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
□Manager	Name:	□Manager	Name:	
□Member	Address:	□Member	Address:	
□Authorized		□Authorized		
Person		Person		
□Other	Other	Other		□Other

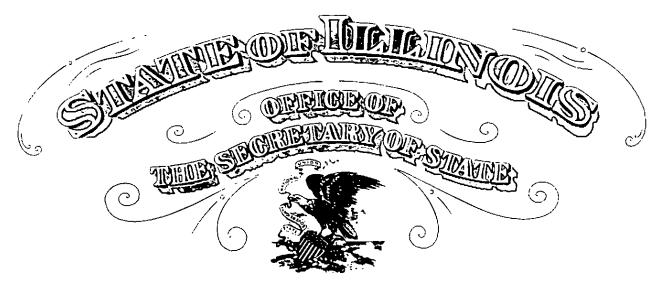
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 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.



File Number

1255199-1



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

PROPERTIES FOR TOMORROW, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON DECEMBER 30, 2022, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF PROPERTIES FOR TOMORROW, LLC - SOUTHWEST RANCHES SERIES ON DECEMBER 30, 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 JANUARY A.D. 2023 .

Authentication #: 2302603690 verifiable until 01/26/2024

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

Alexi Giannol