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(((H23000058045 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company ON DOCK MARINE SERVICES LLC

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S. ROBERTS

FEB 1 5 2023





January 30, 2023

CHEYENNE MOSELEY 101 N. BRAND BLVD 11TH FLR GLENDALE, CA 91203

SUBJECT: ON DOCK MARINE SERVICES LLC

Ref. Number: W23000011764

We have received your document for ON DOCK MARINE SERVICES LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6053.

Letter Number: 523A00002163

Yvette Scott Supervisor

www.sunbiz.org

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 FOREKIN LIMITED LIABILITY COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

ON DOCK MARINES	ERVICES LLC			
(Name of Foreign	Limited Liability Company; must include *Limite	d Liability Company," "L.L.C.," or "TTC	.")	
(If name unavailable, enter alternate n	arne adopted for the purpose of transacting business in Flor	rida. The alternate name must include "Limited	Liability Company," "L.I. C," or "LLC,"	
Illinois 2.	83-4441147			
 (Junisdiction under the law of which foreign limited liability company is organized.) 				
4				
<u></u>	(Date first transacted business in Florida, if prior to: (See sections 605 0904 & 505 0905, F.S. to determi	egistration) ne penalty kability)		
5(Street Address of		6(Maning A	The same of the sa	
(Street Address of Principal Office)		(Mashing Address)		
8400 Wilmette Avenue	2, STE 3	8400 Wilmette Avenue,	~	
Darien, IL 60561		Darien, II. 60561)23 F t	
7. Name and street addres	ss of Florida registered agent: (P.O. Box	NOT acceptable)		
	UNITED STATES CORPORATION	AGENTS, INC.	科9:2	
Name: Office Address:	476 Riverside Ave.		9	
	Jacksonville	32202		
	(City)	, Florida	ende)	

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.

CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.

(Registered agent's 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]: Name and Address: Title or Capacity: Title or Capacity; Name and Address: Daniel Dillon Michelle Dillon Manager Manager Manager Member 1 Member Address: ____ Address: _____ 8400 Wilmette Avenue, STE 3 8400 Wilmette Avenue, STE 3 ☐ Authorized Authorized Darien, IL 60561 Darien, IL 60561 Person Person Other_ Other_____ Other _____ Other____ ■ Manager Name: Name: Manager Address: Member Member Address: Authorized Authorized Person Person Other____ Other____ Other___ Other____ Name: Manager Manber Address: Member | Address: Authorized Authorized Person Person ___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 (105.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the peparament of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person Daniel Dillon

Typed or printed name of signee

File Number

0774341-6



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

ON DOCK MARINE SERVICES LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON APRIL 14, 2019, 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 14TH

day of FEBRUARY A.D.

Authentication #: 2304501656 verifiable until 02/14/2024

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

SECRETARY OF STATE