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#### COVER LETTER

	ration Section, n of Corporations				
SUBJECT:	Green house	Rea Name of	Estate LL Limited Liability Comp	C 2116/21	14 lst S1.
The enclosed "A Existence, and e	application by Foreign Limited heek are submitted to register	Liability Com he above refer	pany for Authorization enced foreign limited li	to Transact Business in lability company to trans	Florida," Certificate of act business in Florida.
Please return all	correspondence concerning th	is matter to the	following:		
		nomas	Thomps:	ンマ	
		N	ame of Person		
	T	lonpson	Lraw ford &	Smiley	
· · · · · · · · · · · · · · · · · · ·					
1330 Thomasville Rd Address					
			Address		
		11	1 = =/	32303	>
		J & 1(2	State and Zip Code	2 2 3 0 3	<u> </u>
		Cityr	June and Esp Coss		
	tome	teslaw	firm ne 7	or notification)	
	E-mail add	ress: (to be uso	ed for mittie amital rep	ore normention)	
For further info	rmation concerning this matter	, please call:			
	Thomas Thompson		. 850 V	386-5777	7
	Name of Contact Pe	rson	Area Code	3 86-5777 Daytime Telephone N	umber
Regis	ng Address: tration Section		Street Address: Registration Section Division of Corp.		
	ion of Corporations Box 6327		The Centre of Ta		
	hassee, FL 32314		2415 N. Monroe Tallahassee, FL 3		
Please		; amount: RIDA DEPAF 0 Filing Fee & Certificate of S	: 🔲 \$155.00 Filing	Fee & <b>25</b> 160.00 Fi	ling Fee, Certificate us & Certified Copy

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

N COMPLIANCE WITH SECTION (0)5.03)2, FLORIDA STATUTES, THE FOLL COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	
Company TOTRANSACT BUSINESS IN THE STATE OF TURBER.  Greenhouse Real Estate LLC (Name of Foreign Limited Liability Company: must include "Limited Liability Company: must include "Liability Company: must include "Lia	2116/2114 157 31
(Name of Foreign Limited Liability Company: must include "Limited Lia	binty Company, E.E.C., in Title. )
If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida	. The alternate name must include "Limited Linbihty Company," "L.L.C," or "LLU.")
(Fursdiction under the Liw at which foreign limited hability company is organized)	3. 42 -0636487 (Fill number, il applicable)
1. 3-23-23 (Date first transacted business in Florida, if prior to regis (See sections 605,0904, & 605,0905, F.S. to determine p	stration ) enalty liability)
	6. 25 W 560 Geneva Rd #27  (Marling Address)  Carol Stream, IL 60188
Carol Stream IL 60188	Carol Stream, IL 60188
7. Name and street address of Florida registered agent: (P.O. Box $\underline{N}$	107 acceptable) A77 A77 A77 A77 A77 A77 A77 A77 A77 A7
Name: Thomas 2. Thomason	<del></del>
Office Address: 1330 Thomasuille	
Tallahassee For	Florida 3 2 3 0 3 (Zip code)
Registered agent's acceptance: Having been named as registered agent and to accept service of pr designated in this application. I hereby accept the appointment as to comply with the provisions of all statutes relative to the proper a and accept the obligations of my position-as registered agent.	rpaistoren avent ann avree to net to tota cupaciti. I fistiet asiet
(Registered agent's si	gnature)

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: Name: Joseph Cirafici Name. Corre-1 Green **∡**Manager **X**iManager Address: 25 W 60 6-meva Rd Address: 25 W560 Geneva RO □ Member □Member #27 □ Authorized □ Authorized (grol Stream IL Carol Stream Il Person Person □Other\_\_\_\_ Other\_\_\_\_ Other \_\_\_\_\_ □Other Name: □ Manager Address: \_\_\_\_\_ □Member Address: □ Authorized □Authorized Person Person □Other\_\_\_\_\_ □Other □Other\_\_\_\_\_ □Other\_\_\_\_ □Manager Name: \_\_\_\_\_ Name: □Manager Address: □Member Address: □Member □ 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 \$.817.155, F.S.

#### File Number

1231513-9



## 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

GREENHOUSE REAL ESTATE LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 29, 2022, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF GREENHOUSE REAL ESTATE LLC 2116 / 2114 1ST ST ON FEBRUARY 21, 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

iny hand and cause to be affixed the Great Seal of the State of Illinois, this 6TH day of MARCH A.D. 2023 .

Authentication #: 2306504564 verifiable until 03/06/2024

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

SECRETARY OF STATE