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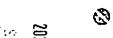
(Requestor's Name)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
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COVER LETTER

то:		ation Section n of Corporations			
CHD IE		yond Recognition LLC			
SUBJEC	.1:	Name	of Limited Liability Company		
The encl Existence	losed "A e, and cl	pplication by Foreign Limited Liability Connect are submitted to register the above re	ompany for Authorization to Transact Business in Florida," Certificate of ferenced foreign limited liability company to transact business in Florida		
Please re	eturn all	correspondence concerning this matter to	the following:		
		SHEREE SHERMAN			
			Name of Person		
	BEYOND RECOGNITION LLC				
	Firm/Company				
			Address		
		GENEVA, IL 60134			
		Cit	y/State and Zip Code		
		BR-SLS@OUTLOOK.COM			
	-	E-mail address: (to be	used for future annual report notification)		
For furth	ner infor	mation concerning this matter, please call:			
SHEREE SHERMAN			847 293.6248 at ()		
	-	Name of Contact Person	Area Code Daytime Telephone Number		
		Address:	Street Address: Registration Section		
		ration Section on of Corporations	Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallah	assee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303		
	Please r	and is a check for the following amount: make check payable to: FLORIDA DEPA 5.00 Filing Fee Section Section	& 🗆 \$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 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS. IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC."	")	
If name unavailable, enter alternate r	name adopted for the purpose of transacting business in Flo	rida. The alternate name must include "Limited	Liability Company," "L.E.C," or "L.I.C.")	
Florida		3. 87-3657392		
(Jurisdiction under the law of w	hich foreign limited hability company is organized)	(Fill number, if applicable)		
NONE			70	
1	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605,0905, F.S. to determine	egistration.) se penalty liability)		
39W785 TERNEY LN		PO BOX 2052	T NAT T	
Street Address of Principal Office)		(Mailing Address)	25 E	
GENEVA IL 60134		BATAVIA, IL 60510	9 PR	
			6: 2. STAT LORUM	
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		
Name:	Registered Agents Inc			
Office Address:	7901 4th St N STE 300			
	St. Petersburg	. Florida 33702		
	(City)	(Zip code	·	
designated in this applica to comply with the provisi	tance: gistered agent and to accept service of p tion, I hereby accept the appointment as ons of all statutes relative to the proper s of my position as registered agent.	registered agent and agree to ac	et in this capacity. I further agre	
	David Schools			

(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]: Title or Capacity: Name and Address: Name and Address: Title or Capacity: SHEREE SHERMAN RICHARD GREINKE Manager 39W785 TERNEY LN Address: 39W785 TERNEY LN ∑Member Address: **MMember** GENEVA, IL 60134 GENEVA, IL 60134 □ Authorized □ Authorized Person Person □Other____ Other____ □Other □Other _ □Manager Name: _____ Name: _____ □Manager Address: _____ □Member Address: □Member □ Authorized □ Authorized Person Person □Other____ □Other _____ □Other____ □Other Name: ______ □Manager 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 s.817.155, F.S. Shure Shuman Signature of an authorized person

Typed or printed name of signee

SHEREE SHERMAN

File Number

1113592-7



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

BEYOND RECOGNITION LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON NOVEMBER 19, 2021, 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 22ND

day of

MAY

A.D.

2023

Authentication #: 2314202962 venfiable until 05/22/2024

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

SCORETARY OF STATE