

M230000008276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

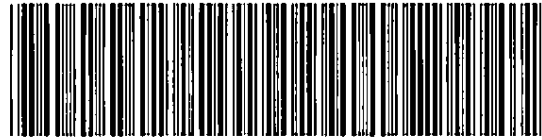
(Document Number)

Certified Copies _____

Certificates of Status _____

Special instructions to Filing Officer:

Office Use Only



600410882166

FILED

2023 JUN 26 AM 11:22

CLERK OF COURT



2023 JUN 26 AM 10:30

CLERK OF COURT



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext:
Date: 06/26/23
Order #: 1228600-1
Re: LF INVESTORS, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$155.00 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read "Eyliena Baker", is written over the word "AUTH".

Please take the following action:

File in your office on basis

Issue Proof of Filing

Issue Certified Copy

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LF INVESTORS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KEENAN S HUDSMITH

Name of Person

MADDEN, JIGANTI, MOORE & SINARS

Firm/Company

190 S. LASALLE ST. STE 1700

Address

CHICAGO, IL 60603

City/State and Zip Code

khudsmith@mjms.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keenan Hudsmith

312

346-4101

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
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 DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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. LF INVESTORS, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

LF INVESTORS FLORIDA, 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 3. _____
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 3111 W 167TH ST 6. 3111 W 167TH ST
(Street Address of Principal Office) (Mailing Address)

HILL CREST, IL HILL CREST, IL

60429-0975 60429-0975

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

Name: Corporation Service Company
Office Address: 1201 Hays St.
Tallahassee 32301
(City) Florida (Zip code)

2023 JUN 26 AM 11:22
CORPORATION SERVICE COMPANY

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.

Melissa DeKoven Melissa DeKoven c/o Corporation Service Company
(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:**

☒ Manager Name: LANIGAN, JOHN J., JR.

☐ Member Address: 3111 W. 167TH ST

☐ Authorized HAZEL CREST, IL 60429

Person

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☒ Manager Name: LANIGAN, DANIEL P.

☐ Member Address: 3111 W. 167TH ST

☐ Authorized HAZEL CREST, IL 60429

Person

☐ Other ☐ Other

☒ Manager Name: LANIGAN, MICHAEL T.

☐ Member Address: 3111 W. 167TH ST

☐ Authorized HAZEL CREST, IL 60429

Person

☐ Other ☐ Other

☒ Manager Name: BAYERS, STEPHEN J.

☐ Member Address: 3111 W. 167TH ST

☐ Authorized HAZEL CREST, IL 60429

Person

☐ Other ☐ Other

☒ Manager Name: LANIGAN, WILLIAM P.

☐ Member Address: 3111 W. 167TH ST

☐ Authorized HAZEL CREST, IL 60429

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

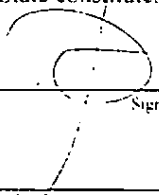
Person

☐ 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.



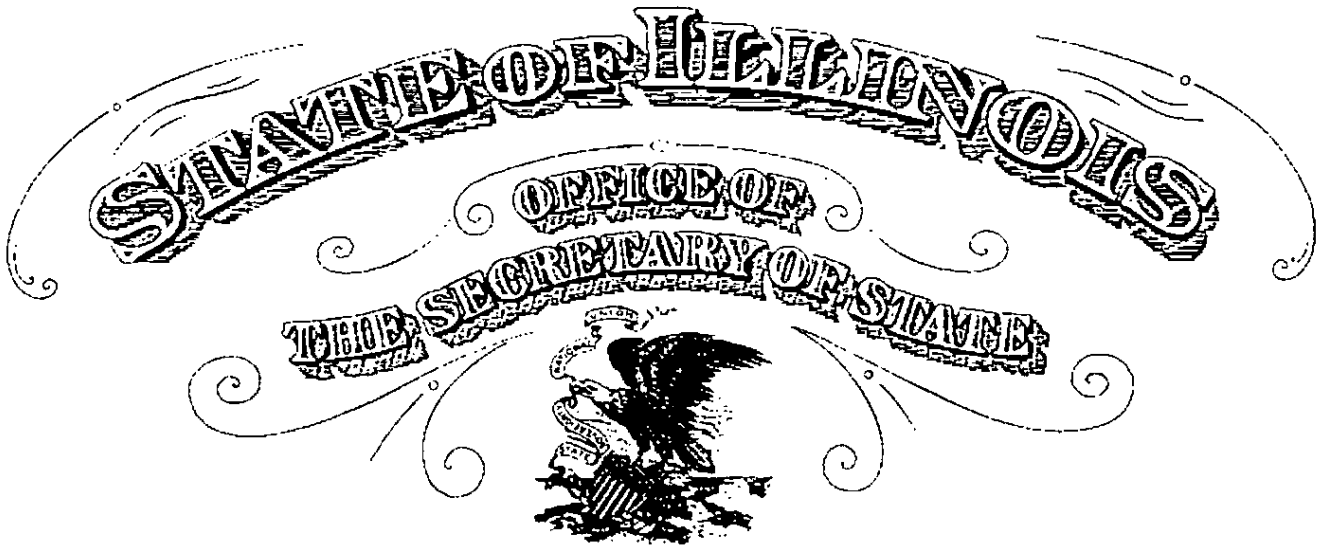
Signature of an authorized person

Stephen J. Bayers

Typed or printed name of signee

File Number

0723965-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulas, 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

LF INVESTORS, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 20, 2018, 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 JUNE A.D. 2023 .

Authentication #: 2317700436 verifiable until 06/26/2024

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

Alexi Giannoulas

SECRETARY OF STATE