

M23000009989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

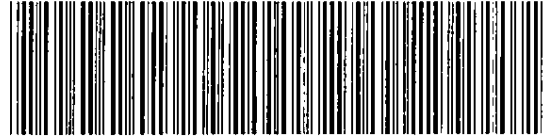
(Business Entity Name)

(Document Number)

Certificc Copies _____ Certificates of Status _____

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07/26/23--01009--011 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FL

[Handwritten signature]

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: C1 Enterprises, 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:

Ross Neher

Name of Person

FP Transitions, LLC

Firm/Company

4900 Meadows Rd, Ste 300

Address

Lake Oswego, OR 97035

City/State and Zip Code

andrew.pesko@nm.com

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

For further information concerning this matter, please call:

Ericka Langone

503 752-2476
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. C1 Enterprises FL, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.")

C1 Enterprises 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
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FBI 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. 5215 Old Orchard Rd, Ste 1200
(Street Address of Principal Office)

6. 5215 Old Orchard Rd, Ste 1200
(Mailing Address)

Skokie, IL 60077

Skokie, IL 60077

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

Name: Keith P. Spengel

Office Address: 4851 Tamiami Trail N., Ste 302

Naples, Florida 34103
(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 agent's signature)

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TALLAHASSEE, FL.

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: Keith P. Spengel

☐ Member Address: 4851 Tamiami Trail N.

☐ Authorized Ste 302

Person Naples, FL 34103

☐ Other ☐ Other

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

☒ Manager Name: Thomas G. McBreen

☐ Member Address: 5215 Old Orchard Rd

☐ Authorized Ste 1200

Person Skokie, IL 60077

☐ Other ☐ Other

☒ Manager Name: Robert W. Bolt

☐ Member Address: 5215 Old Orchard Rd

☐ Authorized Ste 1200

Person Skokie, IL 60077

☐ Other ☐ Other

☒ Manager Name: Joshua S. Lerner

☐ Member Address: 5215 Old Orchard Rd

☐ Authorized Ste 1200

Person Skokie, IL 60077

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

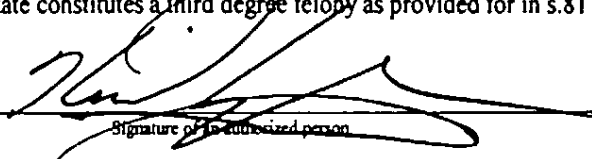
Person _____

☐ 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)

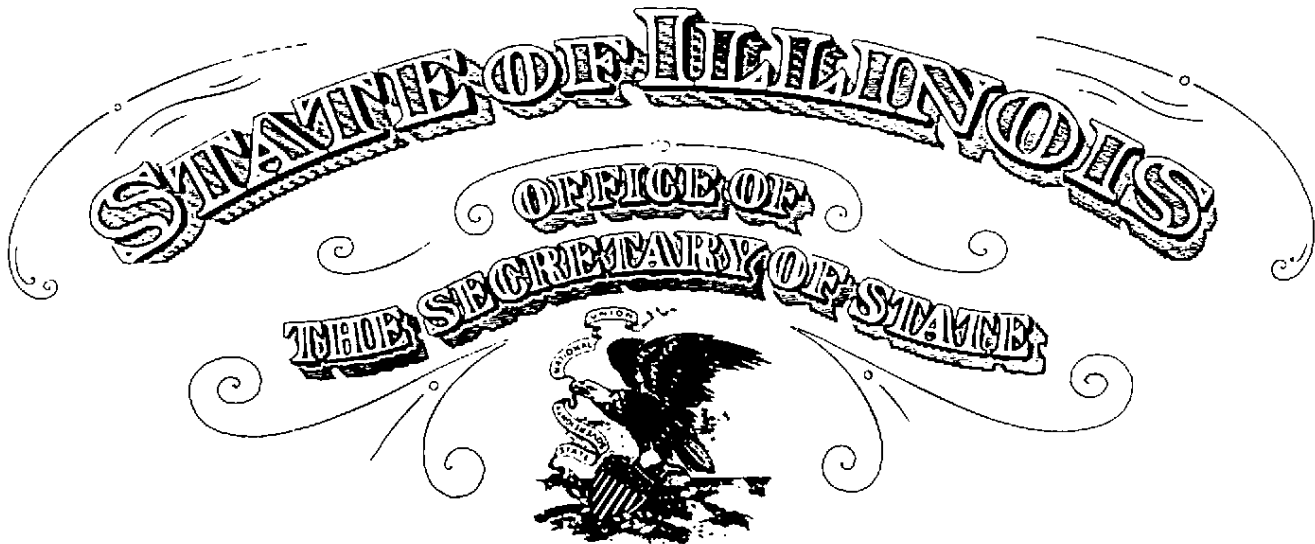
10. This document is executed in accordance with section 605.0203 (1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of authorized person

Keith P. Spengel

File Number

0515351-4



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

CI ENTERPRISES, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON FEBRUARY 16, 2015, 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 JULY A.D. 2023 .

Alexi Giannoulas

SECRETARY OF STATE