

M23000015321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

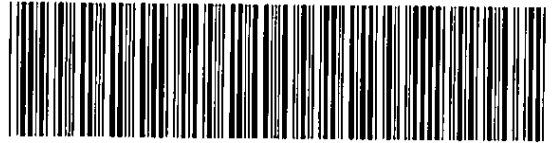
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dresner Design 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:

Jason S. Lambert, Esq.

Name of Person

Hill Ward Henderson

Firm/Company

101 E. Kennedy Blvd Ste 3700

Address

Tampa, FL 33602

City/State and Zip Code

scs@scsregisteredagent.com

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

For further information concerning this matter, please call:

Jason Lambert

Name of Contact Person

813-227-8495

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 St. Ste. 810
Tallahassee, FL 32303

Enclosed is a check for the following amount made payable to **FLORIDA DEPARTMENT OF STATE:**

<input checked="checked" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status and Certified Copy
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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. Dresner Design LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "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. 263169154
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI Number, if applicable)

4. Not applicable.
(Date first transacted business in Florida, if prior to registration)

5. 57 E Delaware Place Unit 2901 6. 57 E Delaware Place Unit 2901
(Street Address of Principal Office) (Mailing Address)

Chicago, IL 60611

Chicago, IL 60611

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TALLAHASSEE, FL

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

Name: SCS Registered Agent

Office

Address: 3225 S. Macdill Ave Ste 129-205

Tampa, FL 33629

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)

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 / Capacity: **Name / Address:**
☐ Manager Name: **Scott Philip Dresner**
☐ Member Address: **3225 NW 60th St**
☐ Authorized **Boca Raton, FL 8 33496**
 Person
☒ Other President

Title / Capacity: **Name / Address:**
☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other

Title / Capacity: **Name / Address:**
☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other

Title / Capacity: **Name / Address:**
☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other

Title / Capacity: **Name / Address:**
☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other

Title / Capacity: **Name / Address:**
☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other

Title / Capacity: **Name / Address:**
☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ Other

Title / Capacity: **Name / Address:**
☐ Manager Name:
☐ Member Address:
☐ Authorized
 Person
☐ 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 certified 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 certified 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.

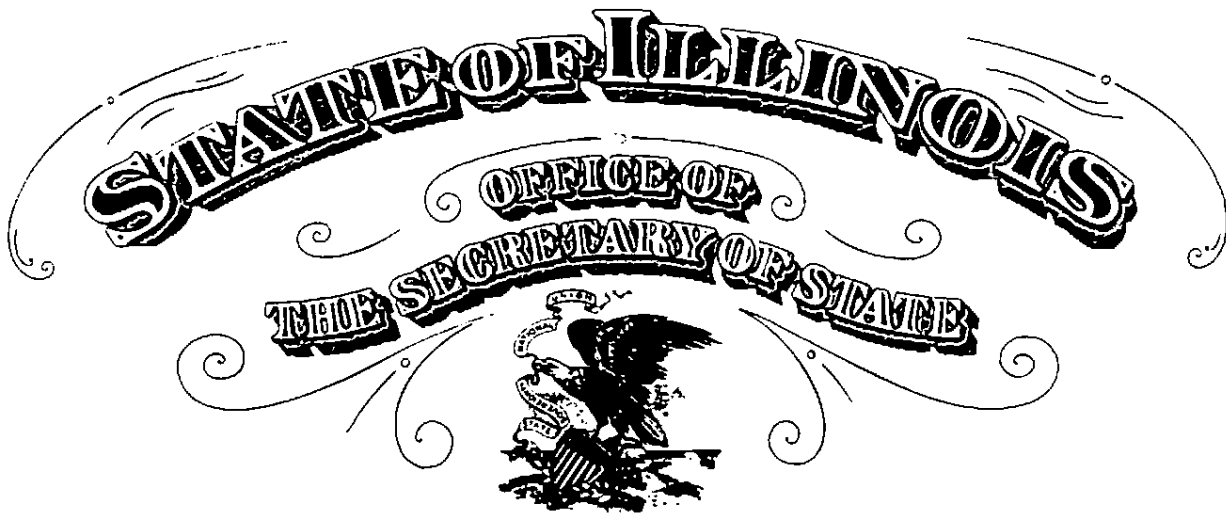


Signature of Authorized Person

Scott Philip Dresner as President of Dresner Design LLC

File Number

0302375-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulis, 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

DRESNER DESIGN, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON AUGUST 14, 2008, 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 10TH day of NOVEMBER A.D. 2023 .