

M24000000547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

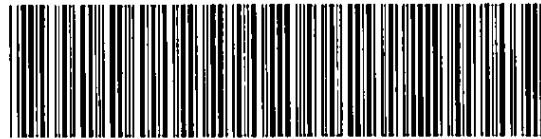
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ALLEN, ABILE, FLORIDA

**CT CORP**  
**(850) 656-4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 01/17/2024  
Acc#I20160000072

*en: c DW*

Name:	Dangler II, LLC
Document #:	
Order #:	15327395 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ **155.00**

Thank you!

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. Dangler II, 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. Delaware  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(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. 615 South Consumers Avenue  
(Street Address of Principal Office)

6. c/o Goldstine, Skrodzki, Russian, Nemecek and  
Hoff, Ltd., Attn: Daniel J. McCarthy III  
(Mailing Address)

Palatine, IL 60074

835 McClintock Drive, Second Floor  
Burr Ridge, IL 60527

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation  
(City)

33324  
(Zip code)

, Florida

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) Bernadette Baker, Asst. Sec.

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<p><b><u>Title or Capacity:</u></b></p> <p><input type="checkbox"/> Manager      Name: <u>David Vennetti</u></p> <p><input checked="" type="checkbox"/> Member-Managed Address: <u>615 South Consumers Avenue</u>  <u>Palatine, IL 60074</u></p> <p><input type="checkbox"/> Authorized _____</p> <p>   Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>   Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>   Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p>	<p><b><u>Title or Capacity:</u></b></p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>   Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>   Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Manager      Name: _____</p> <p><input type="checkbox"/> Member      Address: _____</p> <p><input type="checkbox"/> Authorized _____</p> <p>   Person _____</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Other _____</p>
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Signature of an authorized person

David Vennetti

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DANGLER II, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF DECEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7879450 8300

SR# 20234326095

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204902586

Date: 12-26-23